# Nicotine Withdrawal Management Plan

This plan is for use by Nurses and Medical Officers following initial NRT assessment to dispense ongoing Nicotine Replacement Therapy (NRT)

Name: _____

Fagerstrom Test Score: _____

NRT History:

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Medical Assessment for NRT:

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## Nicotine Withdrawal Management Plan

| **Date** | **NRT Type** (eg Patch, Lozenge, etc) | **Review** (eg good, medium, no effect) | **Comments** (eg side effects, etc) | **Signature** |
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