



### Smoking Evaluation Tool

Date: \_\_\_\_\_

Type of Assessment:  New Admission  Quarterly  Condition change  Other

Current ADL Function for most ADL's:  Independent  Assist of 1  Assist of 2 or more  Dependent

**INTERVIEW:**

1. What does resident smoke?  Cigarettes  Cigars  Pipe  Electronic Cigarettes
2. Has the resident quit smoking or attempted to quit smoking in past? YES  NO  If yes, describe below #7:  
\_\_\_\_\_
3. Does the resident exhibit any respiratory issues? YES  NO  If yes, describe: \_\_\_\_\_
4. Does resident use oxygen? YES  NO  If yes, prn or scheduled? \_\_\_\_\_
5. Has resident had any safety issues in the past related to smoking in current or previous setting? YES  NO   
Describe: \_\_\_\_\_
6. Does resident express a desire to quit smoking? YES  NO
7. Has resident ever been offered resources to assist with quitting smoking? YES  NO  If yes, describe:  
\_\_\_\_\_

**EVALUATION:**

8. Resident has been educated in the smoking policy, including designated areas? YES  NO
9. Resident is able to demonstrate understanding of the smoking policy and designated areas? YES  NO   
BIMS Score: \_\_\_\_\_ Resident is able to verbalize safe smoking principles? YES  NO
10. Resident is able to safely remove the smoking materials out of container? YES  NO
11. Resident is able to safely utilize a lighter? YES  NO  If no, describe: \_\_\_\_\_
12. Resident is able to safely handle lit smoking materials? YES  NO
13. Resident demonstrates safe smoking behavior while interacting with other residents? YES  NO
14. Does resident have clothing with burn holes? YES  NO
15. Do resident's hands/fingernails show signs of burns? YES  NO
16. Does resident wear a smoking apron? YES  NO  If not, is one needed? YES  NO
17. For residents who smoke electronic cigarettes, are they able to demonstrate safe handling of juices? YES  NO
18. Has therapy been involved in reviewing resident for any necessary adaptive equipment? YES  NO  N/A
19. Care plan reviewed and revised for appropriate supervision and smoking directions to include:
  - General Supervision  Supervision and assist of 1 for smoking  Smoking Apron
  - All smoking materials secured at nursing station  Staff to light cigarette/cigar/pipe
  - Electronic cigarette battery charging with only approved charger  Battery not charged overnight
  - \_\_\_\_\_  \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDT Signatures/Dates:**

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ MR# \_\_\_\_\_ Room# \_\_\_\_\_