**If you are unable to administer oral medications TAKE ACTION NOW**

For patients who have **severe dysphagia or reduced consciousness** an NG tube is the preferred option:

* **Administer medication via NG tube**

Check conversion of oral medications on: [**http://parkinsonscalculator.com**](http://parkinsonscalculator.com) **‘Calculator 1, for patients who can have an NG tube’.** Some medications are available in dispersible form, others are crushable and others need converting to alternatives.

**NOTE – NG feeding regime will need breaks before and after PD medication as feed reduces uptake of Levodopa.**

For patients who are **too drowsy or** **confused and refusing oral medication** (consider whether patient needs a DOLS) or who have **severe vomiting or impaired GI absorption** conversion to a Rotigotine patch is the preferred option.

* **Convert to Rotigotine patch**

**For dose conversion use:** [**http://parkinsonscalculator.com**](http://parkinsonscalculator.com)**, ‘Calculator 2, for patients who cannot have an NG tube’.**

Note that Rotigotine may cause cognitive side effects, particularly in high doses. Patients should be closely monitored and returned to their usual oral regime as soon as possible. ***Note lower dose conversion given for dementia or delirium.***

**Common complications** **of Parkinson’s Disease**

* **Constipation** can lead to increased confusion. It can also cause delayed and reduced medication absorption. This can lead to rapid decline in function and should be treated urgently and monitored with daily stool charts.
* **Postural hypotension** Lying/standing blood pressure should be taken early in an admission and recorded daily if identified as an issue. First line management should include increased fluid & salt intake, staged standing and tilting the bed by approx. 15 degrees (head up) including overnight. First line medication (NICE recommendation) is Midodrine 2.5mg TDS (4 hourly intervals) - please refer to Parkinson’s Team to initiate and monitor this.

**Clinically urgent scenarios**

**The issues below should be treated as an emergency and addressed early to avoid missed doses.**

**Suspected dysphagia (swallowing difficulty)**

* **Refer to ‘Inpatient Management of patients with Dysphagia’ guideline.**
* **Urgent SALT referral**
* Ensure patient upright and awake.
* Consider giving tablets one at a time on a teaspoon with yoghurt.
* Consider dispersible versions.
* Consider nutrition, hydration & mouth care.
* Swallow should be reviewed in all patients presenting with a chest infection.

**Nausea/Vomiting**

* **AVOID metoclopramide & prochlorperazine.**
* OPTIONS: domperidone (PO/PR) and ondansetron.

**Altered consciousness/confusion/agitation**

* **AVOID haloperidol and chlorpromazine.**
* Check for underlying cause and treat: infection/dehydration/constipation.
* Check for history of cognitive impairment – look for clinic letters on Lorenzo or get cognitive collateral history from family.
* Use sedatives (e.g. Lorazepam) as a last resort.

**Confusion resulting in refusal to take medication**

* Consider whether the patient has capacity to make the decision or whether they should be treated under the Mental Capacity Act (2005) with a DoLS.
* Refer to the ‘Covert Administration of Medication Policy’ on Microguide.
* Consider dispersible preparations.

**Contacting the Parkinson’s Team**

* **Refer** via a **HAL referral** to **the Parkinson’s Disease Team –** specify level of urgency of review and identify any complications.
* For additional advice contact: PD Clinical Specialist (Emily Scotney) **bleep 1874**; or email [emily.scotney@nhs.net](mailto:emily.scotney@nhs.net) (part time); DrPadiachy - bleep 1581; Dr Drayson - ext 3159; Dr Powell - extension 2289, or contact elderly care secretary on 2163.

**On admission**

* Check dosages and times of medication with patients and carers **AND** review in last clinic letter or Neurology Nurse letter on **Lorenzo** or SystmOne. **DO NOT ALTER DOSE or TIME.**
* Change drug chart **times** if required – **exact timing of medication can be critical**.
* If a dose has been missed write up first dose as stat and give immediately then continue with timed doses.
* Missed doses should be reported on DATIX as this is categorised as an adverse incident due to the risk of patient harm.
* Consider allowing patient to self –administer medication.
* **A variety of PD medication is available OOH in the EMERGENCY DRUGS CUPBOARD outside pharmacy – including dispersible Madopar and Rotigotine patches.**
* **NOTE – Consequences of missed doses of PD medication can include aspiration pneumonia; Neuroleptic-like Malignant Syndrome; delayed rehabilitation and increased dependency. All of these are potentially fatal.**