

# Inpatient management of Patients with Parkinson's Disease

## 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.**

## 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).
- Refer to the 'Covert Administration of Medication Policy' on Microguide.
- Consider dispersible preparations.

## 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:

[Home | PDMedCalc](#)

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

For patients who are **confused and refusing oral medication, who do not tolerate an NG** or who have **severe vomiting or impaired GI absorption** conversion to a Rotigotine patch is the preferred option. This is also appropriate if the patient is for palliation.

- **Convert to Rotigotine patch**

For dose conversion use: [Home | PDMedCalc](#)

This calculator automatically applies a dose correction to reduce the risk of Rotigotine induced side effects.

Patients should be closely monitored and returned to their usual oral regimen as soon as possible.

**Please refer all patients who are having problems with their oral regimen to the Parkinson's Team for review via HAL.**

## 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 on 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.**

## 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: Angela Fong - PD Clinical Specialist - **bleep 1874**; or email [angela.fong1@nhs.net](mailto:angela.fong1@nhs.net) (part time); Dr Padiachy - bleep 1581; Dr Drayson - ext 3159; Dr Mellor – ext 4760; James Lee (Consultant Nurse – Frailty) – bleep 1058; or contact elderly care secretary (Ann McCallion) on 2163.

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## Appendix

### **Background**

People with Parkinson's have more hospital admissions than age and sex matched peers. These hospital admissions are more likely to result in prolonged length of stay and increased morbidity and mortality. Promoting good staff understanding of the unique needs, challenges and risks for this population is key to optimising the care provided by the Trust.

This guideline has been designed to be used as a quick reference guide for ward staff to highlight good practice regarding medications management, identify common complications with this patient group and signpost staff to the best ways of addressing these.

### **Reasons for development of guideline**

- Highlight the critical nature of Parkinson's medication for inpatients.
- Highlight contraindicated medication.
- Detail the potential complications common in this group of patients that can lead to serious adverse consequences if not addressed early in admission.
- To provide a framework for converting medication into alternatives to be followed when no member of the Parkinson's Team is available (e.g. weekends and OOH).
- To raise awareness of the OOH Drug cupboard for overnight admissions.
- To provide easy access to contact details and referral methods for the team.

### **Intended outcomes**

- Reduce the instances of missed and late doses of Parkinson's medication in the Trust.
- Ensure awareness that missing doses of PD medication is categorised as an adverse event and needs reporting on DATIX.
- Improve quality of care, reduce complications and reduce length of hospital stay for patients with Parkinson's.

### **Target population**

- All medical staff involved in direct care of patients with Parkinson's

### **Dissemination of guidelines**

- Guideline to be available on Microguide.
- PD Clinical Specialist to disseminate to all ward leaders.
- Emailed to Junior Doctors.
- Handed out to ward staff and doctors by PD Clinical Specialist and Consultants on a case by case basis during PD ward rounds to provide a framework for bedside teaching.
- Microguide hyperlink from HAL referral to Parkinson's Disease Team.

### **References:**

**Ramirez-Zamora & Tsuboi (2020) Hospital Management of Parkinson Disease Patients. *Clinics in Geriatric Medicine*. 36, 173-181**