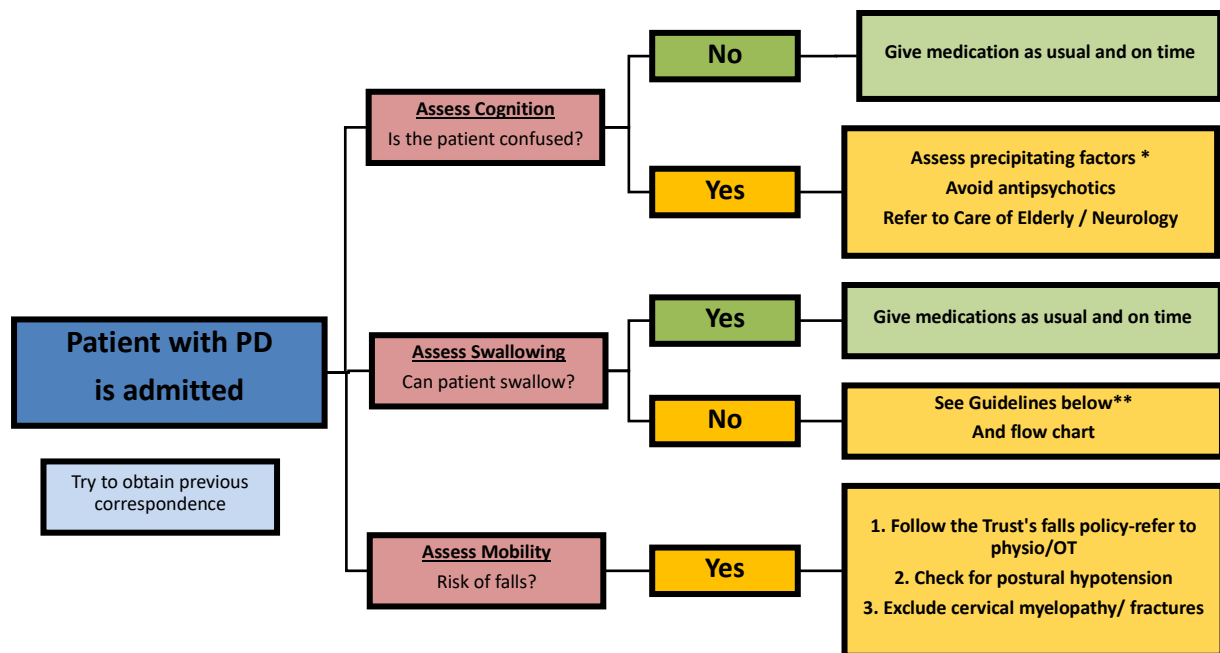


Parkinson's disease Management Pathway for Emergency Admissions into Acute NHS Trusts



* Confusion/delirium exacerbating factors (infection, dehydration, constipation, etc.)

** Swallowing guidelines: (below) and flow chart

Emergency management of PD patients unable to swallow their usual medication

If a patient is unable to swallow their normal medication, please ensure to:

1. Contact Speech and Language Therapy Team (SLT) ASAP for swallow assessment – Discuss possibility of giving tablets one at a time on teaspoon with soft foods/ thickened fluids
2. Consider inserting NG tube
3. Administer drugs for PD through NG tube if tolerated at patient's usual time
4. Consider what alterations may be required (see guidance below)
5. Contact PD specialist team ASAP
6. If unable to pass NG tube – consider guidance for Rotigotine patch

Please note that where patients have a history hallucinations/confusion, psychiatric issues or are of older age, exercise caution and consider a much lower starting dose of Rotigotine, e.g., ¼ the total Levo-dopa conversion dose and monitor closely for response and adverse effects - see flow chart

NB: If the patient is on device aided therapies, please do not discontinue without discussion with neurology

Useful Numbers:

Duo-dopa help line: 0800 458 4410

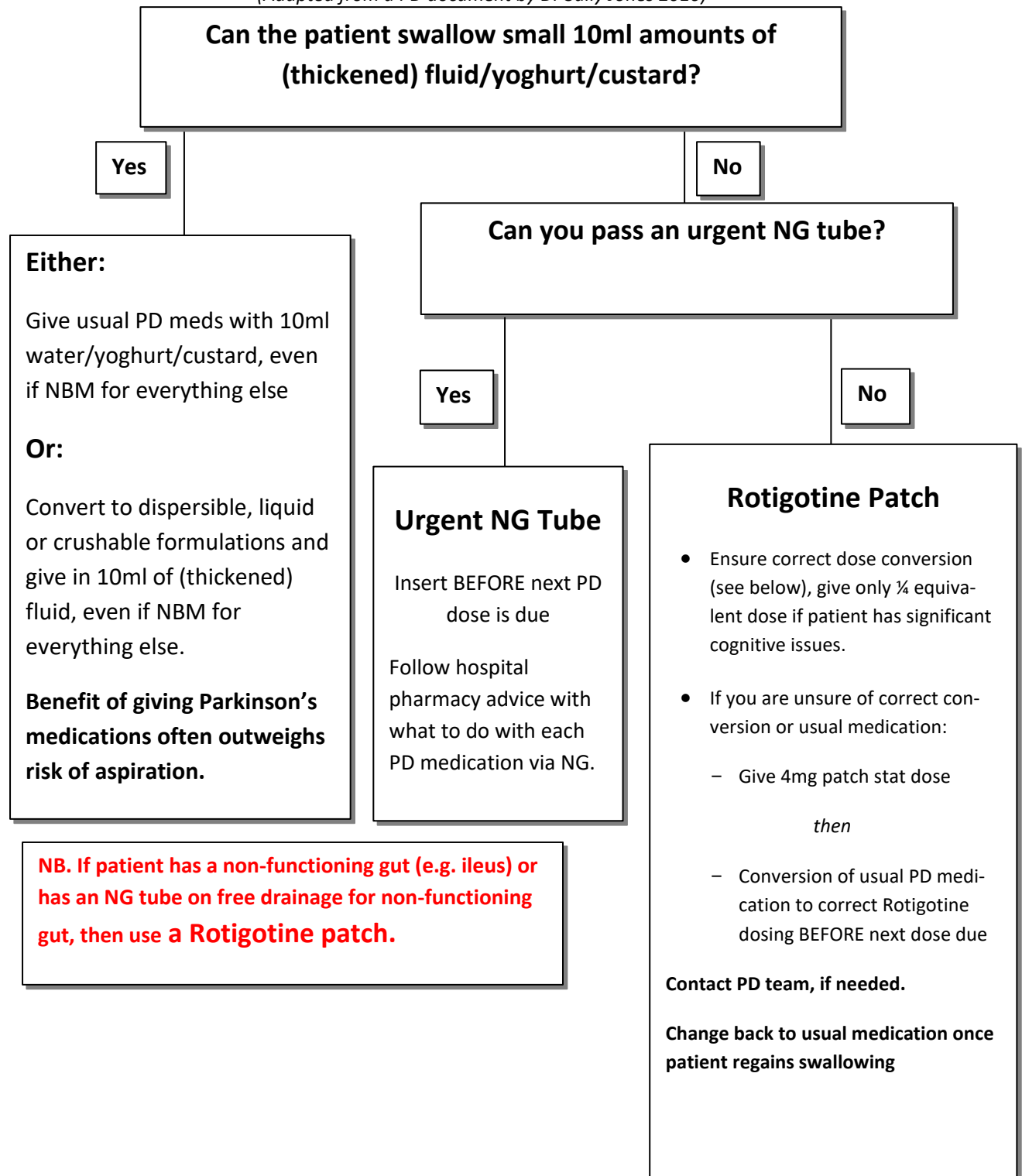
Apomorphine helpline: 0808 196 4242 (Apo-go®- Britannia Pharmaceuticals)

0800 254 0175 (Dacepton® - EVER Pharma)

Deep Brain Stimulation service advice line: 0151 556 3908

Flowchart - Nil by mouth & swallowing problems in PD

(Adapted from a PD document by Dr Sally Jones 2016)



Rotigotine conversion dose

1. Calculate the total Levo-dopa equivalent dose -use the hospital's or a reliable online PD medication calculator such as OPTIMAL and The PD 'Nil by Mouth' Medication Dose calculator.
2. Divide the dose by 20 to obtain the equivalent Rotigotine patch dose.
3. Use ¼ of that dose for older patients or in patients with cognitive impairment