Document Type:	Guideline	
Reference Number : **2454**	Version Number: **1**	Next Review Date: **30 June 2026**
Title:	**Parkinson's Disease, Emergency Management of Patients with**	
Document Author:	Specialist Parkinsons Practitioner	
Applicability:	All patients	

Please see table on page 2

Complications of Parkinson's disease

- Chest infections, poor swallow
- Neuroleptic malignant syndrome
- Postural hypotension and falls
- Urinary tract infections
- Delirium/ dementia
- Constipation

Consequences of missed doses

- Delayed rehabilitation
- Aspiration pneumonia
- Increased dependency
- Neuroleptic-like malignant syndrome
- Falls
- All of these are potentially fatal

Pre-op?
Schedule patient 1st on list & allow patient to take meds as usual (consider prescribing as stat doses). If surgery longer than 6 hours contact IPD

Writing up PD medications

- Check dosages and times with patients & carers (and letters on Infoflex) – do not alter
- Write up 1st dose as stat
- Consider self-administion
- Change drug chart times to exact times of administration
- If there is insufficient medication on the ward contact pharmacy, on call pharmacist if out-of-hours, or Simpson Ward

Difficulty taking medication?

Swallow

- Urgent Speech & Language team referral
- Never crush/split modified release preparations
- Consider giving tablets one at a time on a teaspoon with yoghurt
- Consider dispersible preparations (Discuss with PD team)
- Ensure patient is upright and awake
- Stop/ hold Rasagline

Nausea/Vomiting

- Avoid Metoclopramide & Prochlorperazine (Stemetil/Buccastem/Haloperidol)
- Options: Domperidone , Cyclizine and Ondansetron

Altered consciousness/confusion/agitation

- Check for underlying cause: infection, dehydration, constipation & treat
- Avoid Haloperidol and Chlorpromazine
- Check for history of cognitive decline
- Option: Lorazepam

>2 or more missed dose?
- Meds via NG tube
- Convert to Rotigotine patch

Conversion to Rotigotine Patch

Other considerations:

- **Do not cut patches to achieve correct dose** - **Maximum dose 16mg/24 hours** - **Decrease by 2mg if delirious**

Conversion to Rotigotine Patch

Levodopa Preparation	Rotigotine	Pramipexole MR	Rotigotine	Ropinirole	Requip XL	Rotigotine	L-dopa Preparation	Rotigotine
Madopar/Sinemet 62.5mg BD	2mg/24hr	0.26mg	2mg/24hr	Starter pack	N/A	2mg/24hr	Stalevo 50 TDS	6mg/24hr
Madopar/Sinemet 62.5mg TDS	4mg/24hr	0.52mg	4mg/24hr	1mg TDS	4mg/day	4mg/24hr	Stalevo 100 TDS	10mg/24hr
Madopar/Sinemet 62.5mg QDS	6mg/24hr	1.05mg	6mg/24hr	2mg TDS	6mg/day	6mg/24hr	Stalevo 100 QDS	14mg/24hr
Madopar/Sinemet 125mg TDS	8mg/24hr	1.57mg	8mg/24hr	3mg TDS	8mg/day	8mg/24hr	Stalevo 150 TDS	16mg/24hr
Madopar/Sinemet 125mg QDS	10mg/24hr	2.1 mg	10mg/24hr	4mg TDS	12mg/day	10mg/24hr	Stalevo 200 TDS	16mg/24hr
Madopar/Sinemet 187.5mg TDS	12mg/24hr	2.62 mg	14mg/24hr	6mg TDS	16mg/day	12mg/24hr	**Any problems contact PD Team**	
Madopar/Sinemet 187.5mg QDS	16mg/24hr	3.15mg	16mg/24hr	8mg TDS	24mg/day	16mg/24hr		
Madopar/Sinemet 250mg TDS/QDS	16mg/24hr	*Maximum 6mg for patients with Delirium then seek advice from PD Team on: Parkinson's Nurse team 07810284655 / 01803 655513 Monday- Friday 9am-5pm						

Agitation

- Rule out infection and constipation
- Check medications are prescribed correctly and given on time
- Review polypharmacy
- Avoid Haloperidol
- Use Lorazepam if rapid tranquilization is required – only after non pharmacological methods (de-escalation) have failed
- Low dose Quetiapine (25mg at night) can be considered if psychotic symptoms are severe. The dose may need to be cautiously increased with monitoring for worsening Parkinsonian symptoms. An ECG should be performed before treatment is started (risk of QTc prolongation)

Please note

- If Stalevo/Sastravi unavailable prescribe separately as Levodopa and Entacapone.
- Standard release Ropinrole and Pramipexole can be dissolved in water. (Not MR)
- Amantadine- Capsules can be opened and dissolved in water, also comes in liquid.

Caution in Dopamine Agonist naïve patients and caution in multiple NG insertion/tries.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2454		
Document title:	Parkinson's Disease, Emergency Disease		
Purpose of document:			
Date of issue:	30 June 2023	**Next review date:**	30 June 2026
Version:	2	**Last review date:**	
Author:	Specialist Parkinsons Practitioner		
Directorate:	Care of the Older Person		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Clinical Lead for Parkinsons Clinical Director of Pharmacy		
Date approved:	08 June 2023		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select *Yes*	*No*
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☐
Does this document have training implications? *If yes please state:*	☐	☐
Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
3 January 2019	1	New	Clinical Director of Pharmacy Consultant and Clinical Lead for Parkinson's
30 June 2023	2	Revised	Clinical Director of Pharmacy Consultant and Clinical Lead for Parkinson's

The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future.

It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions.

There is a legal duty placed upon all staff to apply the Mental Capacity Act 2005 in all circumstances where a person is required to consent to 'acts in connection with care and treatment' and where there is reason to doubt the person's mental capacity to do so.

Guidance can be accessed via Pages - Mental Capacity Act (torbayandsouthdevon.nhs.uk)

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

NHS Devon Clinical Commissioning Group

NHS Torbay and South Devon NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users ☐	Staff ☐	Other, please state…	☐
Could the policy treat people from protected groups less favourably than the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***			
Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐
Sexual Orientation	Yes ☐ No☐		
Religion/Belief (non)	Yes ☐ No☐		
Marriage/ Civil Partnership	Yes ☐ No☐		
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐		
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐		
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐		
Does the policy encourage individualised and person-centred care?	Yes ☐ No☐ NA ☐		
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐		
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐		
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups)	☐
Staff ☐	General Public ☐	Other, please state…	☐
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***	Yes ☐ No☐		
ACTION PLAN: Please list all actions identified to address any impacts			
Action	**Person responsible**	**Completion date**	
AUTHORISATION: **By signing below, I confirm that the named person responsible above is aware of the actions assigned to them**			
Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our GDPR page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our Data Protection site on the public internet.