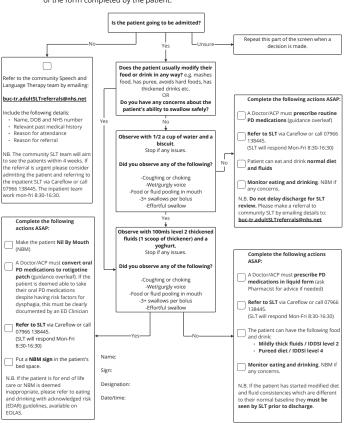
Swallow Screen for Patients with Parkinson's in ED (SSPED)-Ambulatory triage patients only.

This section is to be completed by a Nurse, Doctor or ACP only if the patient has responded 'yes' to any of the questions in part 2 of the form completed by the patient. Name:
DOB:
Hospital No:
NHS No:



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For all Parkinson's patients:

 $\cdot Don't \ stop \ their \ Parkinson's \ medication.$

 Don't miss any doses - missing doses can cause serious complications, including acute akinesia, rare but potentially fatal neuroleptic-like malignant syndrome (NLMS) and dopamine agonist withdrawal syndrome (DAWS).

-Give PD medicines at the right time (when the patient usually has it) - delaying doses can make symptoms worse, including increased tremor, rigidity, and loss of balance.

· These issues can increase care needs and length of stay in hospital

Prescribing and administering routine medicines:

·Get an accurate list of medicines from the patient or carer, including timings and keep to the same timings and formulation if possible

-Check if they have brought in their own medicines (PODs) as they will have details of dose, strength, formulation etc, and patient can take them if needed

·Check prescribed drugs on Summary Care Record (SCR)

·ED stocks most PD medicines, but if not available, check with ED Pharmacist, or Emergency Drugs Cupboard (EDC) or on-call Pharmacist out of hours ·Prescribe doses for a 24 hour period

·Support self-administration of medicines where appropriate (See Self-administration of medicines Policy)

References: Emergency Management of Patients with Parkinson's. Parkinson's Excellence Network, Parkinson's UK. July 2023

Tsang, K., Lau, E.S., Shazra, M., Eyres, R., Hansjee, D. and Smithard, D.G. (2020). A New Simple Screening Tool—4QT: Can It Identify Those with Swallowing Problems? A Pilot Study, Geriatrics, 5(1), p.11.

If the patient is NBM:

If the patient can't take their oral medicines, convert doses to rotigotine patch using the OPTIMAL Calculator:

www.parkinsonscalculator.com/calculator2withoutNG.html



Round down to nearest 2mg (to max of 16mg) and prescribe as 24-hour patch.

•DO NOT cut patches – available as 2mg/4mg/6mg/ 8mg patches (can use more than one patch).

Application site should be rotated every 24 hours
 DO NOT use if patient is having MRI scan or cardioversion. Patch must be removed before both

procedures as it contains aluminium
-If there's increased stiffness or slowness, increase

their dose and review daily
If increased confusion or hallucinations are

observed, decrease dose and review daily
-Consider inserting an NG tube if longer term
management of swallowing difficulties is needed

If patient is admitted on Apomorphine or Duodopa, seek advice from Parkinson's team on:

Bht.neurologvadminsmh@nhs.net