

## Enhanced Swallow Screen for Patients with Parkinson's in ED (SPSED)

This screen can be completed on the post take ward round or by an ED Clinician or Nurse if timely SLT assessment is not possible e.g. out of hours.

Name:

DOB:

Hospital No:

NHS No:

Has the patient come in with issues relating to swallowing, aspiration or choking?

Yes

No

Observe:

-Is the patient too **drowsy** to E&D? Y / N

-Is the patient too **agitated** to E&D? Y / N

-Does the patient have a **wet/gurgly** voice? Y / N

-Does the patient need an **oxygen mask** that cannot be removed to E&D? Y / N

Yes to **any**

No to **all**

(If the patient is **not for admission**, please make a referral to the community SLT team by emailing details to: [buc-tr.adultSLTreferrals@nhs.net](mailto:buc-tr.adultSLTreferrals@nhs.net))

If for admission:

Make the patient **Nil By Mouth** (NBM)

A Doctor/ACP must **convert oral PD medications to rotigotine patch** (guidance overleaf). If the patient is deemed able to take their oral PD medications despite having risk factors for dysphagia, this must be clearly documented by an ED Clinician

Refer to SLT via Careflow or call 07966 138445. (SLT will respond Mon-Fri 8:30-16:30)

Put a **NBM sign** in the patient's bed space.

N.B. If the patient is for end of life care or **NBM is deemed inappropriate**, please refer to palliative feeding for comfort (PFC) guidelines.

Name:

Sign:

Designation:

Date/time:

Ask the patient, relative or carer:

-Do you cough and choke when you E&D? Y / N

-Does it take you longer to eat your meals than it used to? Y / N

-Does your voice change after E&D? Y / N

-Have you changed the type of food that you eat? Y / N

*\*If the patient usually has modified consistencies recommended by SLT and there are no new issues, answer 'no' to this question.*

No to **all**

Yes to **any**

Does the patient usually modify their food or drink in any way? e.g. mashes food, has puree, avoids hard foods, has thickened drinks etc.

OR  
Do you have any concerns about the patient's ability to swallow safely?

No

Observe with 1/2 a cup of water and a biscuit.  
Stop if any issues.

Did you observe any of the following?

- Coughing or choking
- Wet/gurgly voice
- Food or fluid pooling in mouth
- 3+ swallows per bolus
- Effortful swallow

Yes

Observe with 100mls level 2 thickened fluids (1 scoop of thickener) and a yoghurt.  
Stop if any issues.

Did you observe any of the following?

- Coughing or choking
- Wet/gurgly voice
- Food or fluid pooling in mouth
- 3+ swallows per bolus
- Effortful swallow

No

No

Complete the following actions ASAP:

A Doctor/ACP must **prescribe routine PD medications** (high priority)

Clarify what the patient usually has to eat and drink, document overleaf and continue to offer this. NB- it may be normal for the patient to have modified consistencies

Ensure the patient is **sitting upright when E&D**.

No further action.

Complete the following actions ASAP:

A Doctor/ACP must **prescribe routine PD medications** (guidance overleaf)

Refer to SLT via Careflow or call 07966 138445. (SLT will respond Mon-Fri 8:30-16:30)

Patient can eat and drink **normal diet and fluids**

Monitor eating and drinking. NBM if any concerns.

N.B. **Do not delay discharge for SLT review**. Refer to community SLT by emailing details to: [buc-tr.adultSLTreferrals@nhs.net](mailto:buc-tr.adultSLTreferrals@nhs.net)

Complete the following actions ASAP:

A Doctor/ACP must prescribe **PD medications in liquid form** (ask Pharmacist for advice if needed)

Refer to SLT via Careflow or call 07966 138445. (SLT will respond Mon-Fri 8:30-16:30)

The patient can have the following food and drinks:

- Mildly thick fluids / IDDSI level 2
- Pureed diet / IDDSI level 4

Monitor eating and drinking. NBM if any concerns.

N.B. If the patient has started new modified diet and fluid consistencies they **must be seen by SLT prior to discharge**.

### For all Parkinson's patients:

- 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/calculator2-withoutNG.html](http://www.parkinsonscalculator.com/calculator2-withoutNG.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.neurologyadmins@nhs.net](mailto:Bht.neurologyadmins@nhs.net)