Swallow Screen for Patients with Parkinson's in ED (SSPED) Name: DOB: The screen can be completed by any healthcare Hospital No: NHS No: professional, including HCA, band 4 or Student Nurse and must be done as soon as possible after arrival. START Has the patient come in with issues relating to swallowing, aspiration or choking? Complete the following actions ASAP: No Make the patient Nil By Mouth (NBM) Observe: Inform a Nurse of the outcome of this screen Is the patient too drowsy to E&D? Y/NAlert ED Clinicians and request oral PD -Is the patient too agitated to E&D? Y/N Yes to any medicines to be changed to rotigotine patch (see guidance overleaf). If an ED -Does the patient have a wet/gurgly voice? Y/N clinician deems the patient able to continue taking oral medications this must be clearly -Does the patient need an oxygen mask Y / N documented that cannot be removed to E&D? Refer to SLT via Careflow or call 07966 No to all 138445. (SLT will respond Mon-Fri 8:30-16:30) Ask the patient, relative or carer: Put a NBM sign in the patient's bed space. -Do you cough and choke when you E&D? Y/N -Yes to anv--Does it take you longer to eat your meals Y/N than it used to? Out of hours with no access to SLT? Need to make decisions about oral intake? An ED clinician. -Does your voice change after E&D? Y / N Nurse or Doctor on post take ward round should -Have you changed the type of food that Y/N complete the enhanced SSPED whilst waiting for SLT assessment you eat? (If the patient usually has modified consistencies recommended by SLT and there are no new issues, answer 'no' to this question). No to all Please tick if the patient has brought in their own PD medications which they will continue to take until the Complete the following actions ASAP: drug chart is completed. Prompt ED Clinicians to prescribe routine PD medications (high priority) All medications taken by the patient MUST be documented on CAS card or drug chart. Clarify what the patient usually has to E&D, document overleaf and continue to offer this. NB- it may be normal for the patient to have modified consistencies Name: Sign: Ensure the patient is sitting upright when E&D. Designation: No further action. Date/time:

(If you are a HCA or other band 4, please ask a Doctor, Nurse or ACP to countersign)

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

If there's increased stiffness or slowness, inc 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:

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