

Checklist for the Initial Medical & Surgical Management of

Patients with Parkinson's Disease (PD)

Date/time
Clinical area:
Staff member completing form:
Grade

Stick patient label here

KEY MESSAGES

- **Avoid abrupt withdrawal of anti-parkinsonian medication – it can be life threatening**
- **Do not prescribe centrally-acting dopamine antagonists**
- **Seek early specialist advice**

Consultant Managing Patient's Parkinson's disease

Name.....

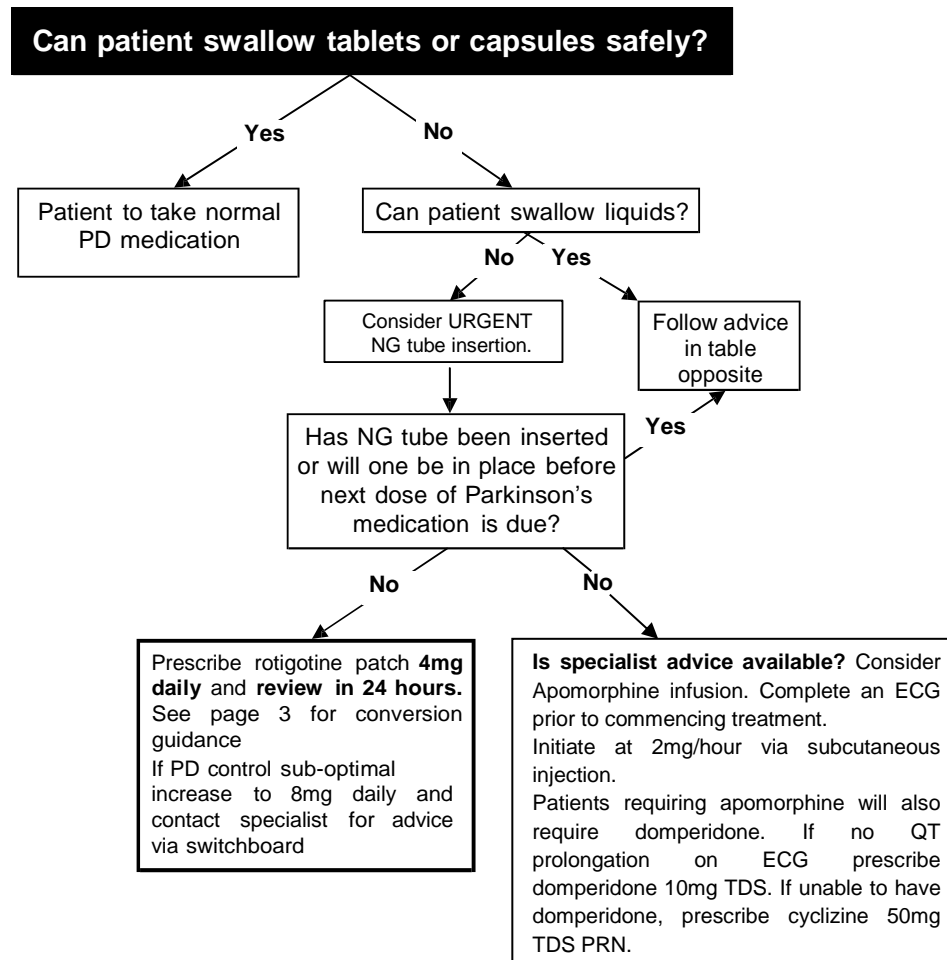
Clinical Management for first 48 hours – Doctor to complete

Problem / Situation	Answer & Action	Sign & Date (when completed)
Parkinson's Disease (PD) Control • Has PD been well controlled recently? (minimal freezing, tremor, immobility, little effect on ADLs)	No refer to or discuss with specialist nurse*	
Medication Related • Does patient know when they take their PD medicines? Ask for their own medication list. • Can the patient take their PD medicines in the same formulation as they would at home?	Yes , annotate electronic prescribing system with EXACT times of usual administration that patient tells you. No – prescribe alternative forms of medication (see chart over page) if unable to swallow usual oral medication. The patient MUST receive some form of PD medication.	
General Patient Status Related • Are there concerns about the patients swallowing or is the patient drowsy ? • Is patient confused ? • Does patient require sedation (due to agitation)? • Is the patient constipated ? • Does patient have nausea and / or vomiting ?	Yes . Perform basic swallow assessment (sip of water test), if still unsure refer to SALT for urgent assessment. Consider medication & insertion of nasogastric tube. Yes , consider infection and prescription of antibiotics. Yes , consider lorazepam 0.5-4mg po or iv Yes , consider prescribing laxatives. Yes , prescribe domperidone, cyclizine or ondansetron.	

Surgical Patient Checklist – Doctor to complete for ALL surgical patients

Special Instructions for Parkinson's disease patients	Sign & Date (when completed)
Operating List - Place 1 st on list.	
Review dosing Regimen: If timing of anti-parkinsonian medication is going to clash with surgery, regimen must be altered. Ask pharmacy for advice on dosing regimen.	
Review regular medication prior to surgery i.e. morning dose(s). Ensure morning dose(s) of all PD medication are prescribed. Clearly annotate on electronic prescribing system what they must be given prior to surgery.	
Duration of surgery: If the total duration of surgery & NBM period will be > 6 hours get further advice from pharmacy about use of a rotigotine patch or other alternative medication regimens.	
Post Surgery Review: If surgery > 3 hours & you are concerned about post-operative Parkinson's related complications, arrange post-surgery review by patient's usual Parkinson's disease specialist.	
Deep Brain Stimulation: If patient has had previous DBS, ensure surgeon is aware pre-surgery (diathermy will be contraindicated).	
If unsure or require further advice, please contact patient's PD clinician/nurse specialist Out of hours contact On-Call pharmacist via switchboard	
Dr O' Neill 9-5pm Mon- Fri or Pharmacy via switchboard	*Nurse Specialist 0151 6435 330
Please place in patient's medical notes	

Management of Parkinson's disease patients with Swallowing Difficulties or Feeding tubes in situ



KEY MESSAGES

- Avoid abrupt withdrawal of anti-parkinsonian medication – it can be life threatening
- Do not prescribe centrally-acting dopamine antagonists
- Seek early specialist advice
- Conduct ECG prior to and during apomorphine infusion

Medicine	Formulation	Recommendation
Co-Beneldopa (Madopar®)	Dispersible Tablets	Continue, no change required
	Capsules	Use dispersible tablets
	Modified Release Tablets	Convert to dispersible tablets, but consider need to alter dose/frequency (keep same total daily dose)
Co-Careldopa (Sinemet®)	Tablets (plain release)	Continue current regimen, plain release tablets will disperse in water
	Modified Release Tablets	Convert to plain release tablets, but consider need to alter dose/frequency (keep same total daily dose)
Cabergoline	Tablets	Continue current regimen, tablets can be crushed & mixed with water.
Pergolide	Tablets	Continue current regimen, tablets will disperse in water
Pramipexole	Tablets (plain release)	Continue current regimen, plain release tablets will disperse in water
	Modified Release Tablets	Convert to plain release tablets. Divide total daily dose into TDS regimen.
Ropinirole	Tablets (plain release)	Continue current regimen, plain release tablets will disperse in water
	Modified Release Tablets	Convert to plain release tablets. Divide total daily dose into TDS regimen
Rasagiline	Tablets	Continue current regimen, tablets can be crushed & mixed with water.
Selegiline	Tablets	Tablets will disperse in water. Liquid also available.
	Orodispersible Tablets	No change required if patient safe for buccal route administration. If buccal route unsafe, convert to tablet dose (Note: 1.25mg orodispersible = 10mg standard tablet) and see above.
Entacapone	Tablets	Continue current regimen, tablets will disperse in water, but care required as powder is a dye
Co-Careldopa with entacapone	Tablets	Continue current regimen, tablets will disperse in water, but care required as powder is a dye
Amantadine	Capsules	Continue current regimen, capsules can be opened and contents will dissolve in water. Liquid also available.

For further advice about PD medicines, please refer to Parkinson's Disease clinical guidance on the intranet or contact your ward pharmacist or Medicines Information (Ext 5126) or out of hours, the on-call pharmacist via switchboard.

Rotigotine conversion table if only on dopamine agonist preparations

Patients already established on rotigotine (Neupro® transdermal patch) or Apomorphine (subcutaneous rescue injections or continuous pump) continue normal doses.

PRAMIPEXOLE (salt dose)	ROPINIROLE	ROPINIROLE XL	ROTIGOTINE PATCH
0.125MG/TDS	STARTER PACK	2MG/DAY	2MG/DAY
0.25MG/TDS	1MG/TDS	4MG/DAY	4MG/DAY
0.5MG/TDS	2MG/TDS	6MG/DAY	6MG/DAY
0.75MG/TDS	3MG/TDS	8MG/DAY	8MG/DAY
1MG/TDS	4MG/TDS	10MG/DAY	10MG/DAY
1.25MG/TDS	6MG/TDS	18MG/DAY	14MG/DAY
1.5MG/TDS	8MG/TDS	24MG/DAY	16MG/DAY (MAX DOSE)

Rotigotine conversion tables if only on levodopa preparations

Current levodopa regime	Rotigotine patch equivalent
Madopar or Sinemet 62.5mg BD	2mg/24hrs
Madopar or Sinemet 62.5mg TDS	4mg/24hrs
Madopar or Sinemet 62.5mg QDS	6mg/24hrs
Madopar or Sinemet 125mg TDS	8mg/24hrs
Madopar or Sinemet 125mg QDS	12mg/24hrs
Madopar or Sinemet 187.5mg TDS	12mg/24hrs
Madopar or Sinemet 187.5mg QDS	16mg/24hrs
Madopar or Sinemet 250mg TDS	16mg/24hrs
Madopar or Sinemet 250mg QDS	16mg/24hrs (Note max. daily dose of rotigotine is 16mg/24hrs)