Controlling Parkinson’s symptoms is reliant on a timely and individualised medication regime, which does not conform to usual medication times. If medication is abruptly withdrawn care needs will increase, and will place the Person with Parkinson’s (PwP) at risk from neuroleptic syndrome (a life threatening neurological disorder). For further information concerning the consequences of timely / poor medication management, [http://www.parkinsons.org.uk/content/get-it-time-campaign](http://www.parkinsons.org.uk/content/get-it-time-campaign) Remember that a PwP requires time. Anxiety levels often increase under pressure, worsening communication and the ability to walk, eat and swallow. Speech is often quieter and may be slurred, and combined with facial masking, often makes the PwP more difficult to understand. "Caring for your Resident with Parkinson’s: Information for Care Home Staff” is an informative booklet providing an overview of the specific care requirements – [http://www.parkinsons.org.uk/content/caring-your-resident-parkinsons-booklet](http://www.parkinsons.org.uk/content/caring-your-resident-parkinsons-booklet) Training can also be provided to individual care homes by Parkinson’s UK: [http://www.parkinsons.org.uk/content/our-training-courses-professionals](http://www.parkinsons.org.uk/content/our-training-courses-professionals)

**Care assistant’s actions:**
- To reduce risk of delirium and to identify changes promptly.
- Referring to page 2 (signs and symptoms of deterioration) of this management plan, observe for any changes in symptoms that may indicate a deterioration. Reassure patient and document any changes, refer to senior member of staff/nurse
- Prevent dehydration and malnourishment (monitor and chart fluid intake ensure early treatment);
- Address pain and avoid discomfort, including prevention of constipation
- Maintain a regular night-day/sleep-wake cycle when possible and avoid sleep deprivation. Provide a reassuring and familiar environment with one or two visiting family members or familiar objects/pictures from home.
- Maintain orientation to date, place, and situation
- Ensure timely medication regimes are adhered to otherwise Parkinson’s symptoms will deteriorate necessitating greater care assistant support and potentially placing the person at risk of an unnecessary hospital admission.

**Registered Nurse actions:**
- Ensure any missing anti parkinsonian medication is obtained.
- Check that the PwP can swallow their anti parkinsonian medication
- Ensure timely medication regimes are adhered to otherwise Parkinson’s symptoms will deteriorate necessitating greater care assistant support and potentially placing the person at risk of an unnecessary hospital admission.
- Promote normal sleep-wake cycle using non-pharmacological means;
- Promote mobility;
- Avoid multiple hospital transfers;
- Recognise end stage dementia.
- Assess and evaluate pain and give adequate pain relief
- If any nausea / vomiting is experienced Prochlorperazine (Stemetil) and Metoclopramide (Maxalon) should be avoided as these medications are contraindicated in Parkinson’s management. Domperidone (motilium) is the main anti sickness medication of choice
- Monitor and evaluate levels of hydration
- Ensure a sitting / standing blood pressure is performed on a weekly basis to ensure potential hypotension is not occurring
- Assess falls risk and implement falls prevention strategies according to clinical need
**Patient Name** | **Date of Birth** | **NHS Number**
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**MANAGEMENT PLAN – Parkinson's Disease**

All anti-parkinsonian medication causes a postural drop in blood pressure when standing, commonly resulting in dizziness and falls. Assess the PwPs pre-admission ability as current admitting symptoms may not be a true reflection of normal home life. If mobility appears to have deteriorated from pre-admission level - freezing (frequent hesitation when walking), difficulty mobilising or falls, refer early to the physiotherapy team.

**Possible clinical signs and symptoms;**

- **Cognitive function:** Worsened concentration, slow responses, new or increased confusion. **Perception:** for example, visual or auditory hallucinations. Crying with few or no tears
- **Physical Function:** for example, reduced mobility, reduced movement, increased tremor restlessness. Seems more agitated or anxious than usual, changes in appetite, sleep disturbance. Has difficulty eating or drinking or taking less than usual or refusing fluids, Nausea or vomiting. Appears tired, weak, confused, or drowsy, sleepy or irritable. Frequent falls. Needs help with walking, transferring, toileting more than usual.
- **Social behaviour:** for example lack of cooperation with reasonable requests, withdrawal alterations in communication, mood and/or attitude, quietness & slurring of speech
- **Infection:** Temperature or fever, Sweats, **Urinary tract infection**, confirmed by positive urinalysis and symptoms e.g. Cloudy urine, Frequency, Dysuria (painful), Urgency, Urine smells offensive. Abdominal pain. Haematuria (blood visible to the naked eye). Suprapubic tenderness or back pain. Urinary retention.

**Chest infection:** Cough-productive, or non-productive, Decreased oxygen levels. New onset or change in existing sputum, Pleuritic chest pain (hurting when taking a deep breath).

**Actions to take:**

- Liaise with GP promptly to identify and manage the possible underlying cause or combination of causes. To reduce the risk of deterioration and increased risk of admission. **Increasing anti Parkinson’s medication will not improve any worsening of the Parkinson’s systems. Once any underlying infection has been treated the Parkinson’s symptoms will abate.**
- Ensure effective communication and reorientation, ensure staff support de-escalation techniques
- Monitor and assess individual throughout the 24hr day/night including clinical observations BP, pulse, and respiratory rate.
- Assess and monitor for signs of pain
- **Ensure the patient continues to take routine medications or inhalers as prescribed.**
- Consider obtaining a sputum or urine specimen, to send for analysis if infection suspected.
- Consider the need for additional services and resources to reduce the risk of admission.
- Assess and treat any constipation
- Ensure patient is re-hydrated
- Assess capillary blood sugar and respond accordingly
- Assess for hypoxia and optimise oxygen saturation if clinically directed.
- **Provide a quiet and secure environment, comfort and reassurance, perhaps involving the family if they are available as the resident may feel more secure with them.**
- For further advice the Parkinson's Nurse team can be contacted on 02109 318048

**RED FLAG SIGNS AND SYMPTOMS**

**WHEN TO GET IMMEDIATE ADVICE FROM GENERAL PRACTITIONER or 999**

- Signs of respiratory distress – tachypnea, use of accessory muscles, unable to talk in complete sentences (where this is abnormal for the patient).
- Cyanosis – peripheral and central
- Chest pain not relieved by GTN
- Acute confusion
- Drowsiness – decreased levels of consciousness
- Worsening peripheral oedema
- Haemoptysis

Sudden and new limb weakness or numbness
Significant change in speech
Sudden onset severe headache
Facial palsy (droop)
Sudden loss of vision in one eye