



# Safety Notice Number 013/11

## Management of medication for patients with Parkinson's Disease (PD)

7 November 2011

**Distributed to:**

- Chief Executives
- Directors of Clinical Governance

**Action required by:**

- Directors of Clinical Governance

**We recommend you also inform:**

- Drug and Therapeutics Committees
- Directors of Nursing
- Directors of Pharmacy
- Pharmacy Staff
- Nursing Staff
- Medical Staff

**Expert Reference Group**

Content reviewed by:

- Medication Statewide Expert Advisory Committee
- NSW Therapeutic Advisory Group
- Nursing and Midwifery Office
- Clinical Safety Quality and Governance Branch
- NSW Clinical Excellence Commission
- Parkinson's NSW

**Clinical Safety, Quality and Governance**

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**Review date: July 2013**

Patients with Parkinson's disease have their neurological stability finely maintained and this balance is challenged if medication administration is delayed for any reason.

### Background

- Patients with this disease are generally stabilised on a specific medication regimen of dose and frequency matched to their clinical status.
- Even a 15 minute delay in dosing may make a significant difference to symptom control.
- Omitted and delayed doses have resulted in emergencies and freezing episodes. Incident monitoring includes reports of 'off' phases in patients who have missed scheduled medication due to prescribing omissions or missed doses.
- Prolonged withdrawal of anti-Parkinsonian medications or severe intercurrent illness can provoke a syndrome featuring muscle rigidity, fever, autonomic instability and cognitive changes.

### Contributing Factors

- When patients are admitted to hospital, clinical staff may not be aware of the time-critical nature of the treatment regimen. If admitted for booked surgery unrelated to their Parkinson's disease, patients may be Nil by Mouth when their medication doses are due.
- The medication regimen may be complex, and errors in prescribing can occur.
- Although patients often bring their own medication into hospital, they may be prevented from self-medicating due to lack of local protocols, or doses may be omitted or delayed until the hospital supply can be obtained.

### Suggested Strategies

- **Administer from the patient's own medicine supply until locally available.** Patient's own medications should be used until the hospital supply is established. Refer to *PD2007\_077 Item 4.4.1.1* for requirements.
- **Document the time medications are normally taken by the patient.**
  - **Medication is time-critical** similar to treatments for patients with diabetes.
  - **Give doses on time without fail.** Parkinson's medicine doses MUST be given within 15 minutes of the time normally taken by the patient.
  - **When a patient is NBM** consider other medications eg patches or injections.
- **Assess patient's ability to self-medicate.** Assess patient consistent with *PD2007\_077 Item 6.4.8*, noting that acutely unwell or unstable patients may not be suitable for this approach.
- **Avoid interacting drugs** which may interfere with the action of Parkinson's medication including antiemetics.
- **Obtain a clear and accurate medication history.** Confirm details (reconcile) with a second information source eg medication supplies, the patient's carer, GP or local pharmacy.
- **Review the range** of medications available in ED and after hours cupboards.
- **Notify the patient's Neurologist or specialist nurse** of each Parkinson's patient's admission where possible, particularly if unplanned.
- **Ensure patient care plan and clinical handover** include details of doses to be administered, and timing.

**References** Wood LD, Neumiller JJ, Carlson JD, Setter SM, Corbett CE. *Challenges of medication management in hospitalized patients with Parkinson's disease.* Am J Health-Syst Pharm Vol 67 Dec 1, 2010 ; *Guidelines for timely medication administration.* Institute for Safe Medication Practices. Medication Safety Alert! Vol 16:1 13 Jan 2011

### Suggested Actions by Local Health Districts / Networks:

1. Distribute this Safety Notice to all relevant clinical staff.
2. Ensure staff take all necessary action to ensure medications are provided on time.
3. Ensure patient care plans for all patients with Parkinson's disease assess medication timing and availability
4. Ensure Drug & Therapeutic Committees review self medication strategies consistent with policy.