
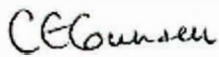



NHS Grampian Guideline For Prescribing Parkinson's Disease (PD) Medication In Hospital

Co-ordinators: Consultant in Elderly Medicine	Reviewer: Consultant Neurologist	Approver: NHS Grampian Medicines, Guidelines and Policies Group
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Executive Sign-Off

This document has been endorsed by the Director of Pharmacy and Medicines Management

Signature: 

Title: NHS Grampian Guideline For Prescribing Parkinson's Disease (PD) Medication In Hospital

Unique Identifier: NHSG/Guide/PD/MGPG1344

Replaces: NHSG/Guide/PD/MGPG1021, Version 1

Across NHS Boards	Organisation Wide	Directorate	Clinical Service	Sub Department Area

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Lead Author/Co-ordinator: Consultant in Elderly Medicine

Subject (as per document registration categories): Guideline

Key word(s): Guideline prescribing parkinson's disease PD medication hospital

Process Document: Policy, Protocol, Procedure or Guideline Guideline

Document application: NHS Grampian

Purpose/description: This guideline provides guidance for prescribing Parkinson's Disease (PD) medication in NHS Grampian hospitals.

Responsibilities for implementation:

Organisational: Chief Executive and Management Teams
Corporate: Senior Managers
Departmental: Heads of Service/Clinical Leads
Area: Line Managers
Hospital/Interface services: Assistant General Managers and Group Clinical Directors
Operational Management Unit: Unit Operational Managers
Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.

Review: This policy will be reviewed in three years or sooner if current treatment recommendations change.

Responsibilities for review of this document: Consultant in Elderly Medicine

Responsibilities for ensuring registration of this document on the NHS Grampian Information/ Document Silo: Pharmacy and Medicines Directorate

Physical location of the original of this document: Pharmacy and Medicines Directorate

Job/group title of those who have control over this document: Consultant in Elderly Medicine

Responsibilities for disseminating document as per distribution list: Consultant in Elderly Medicine

Revision History:

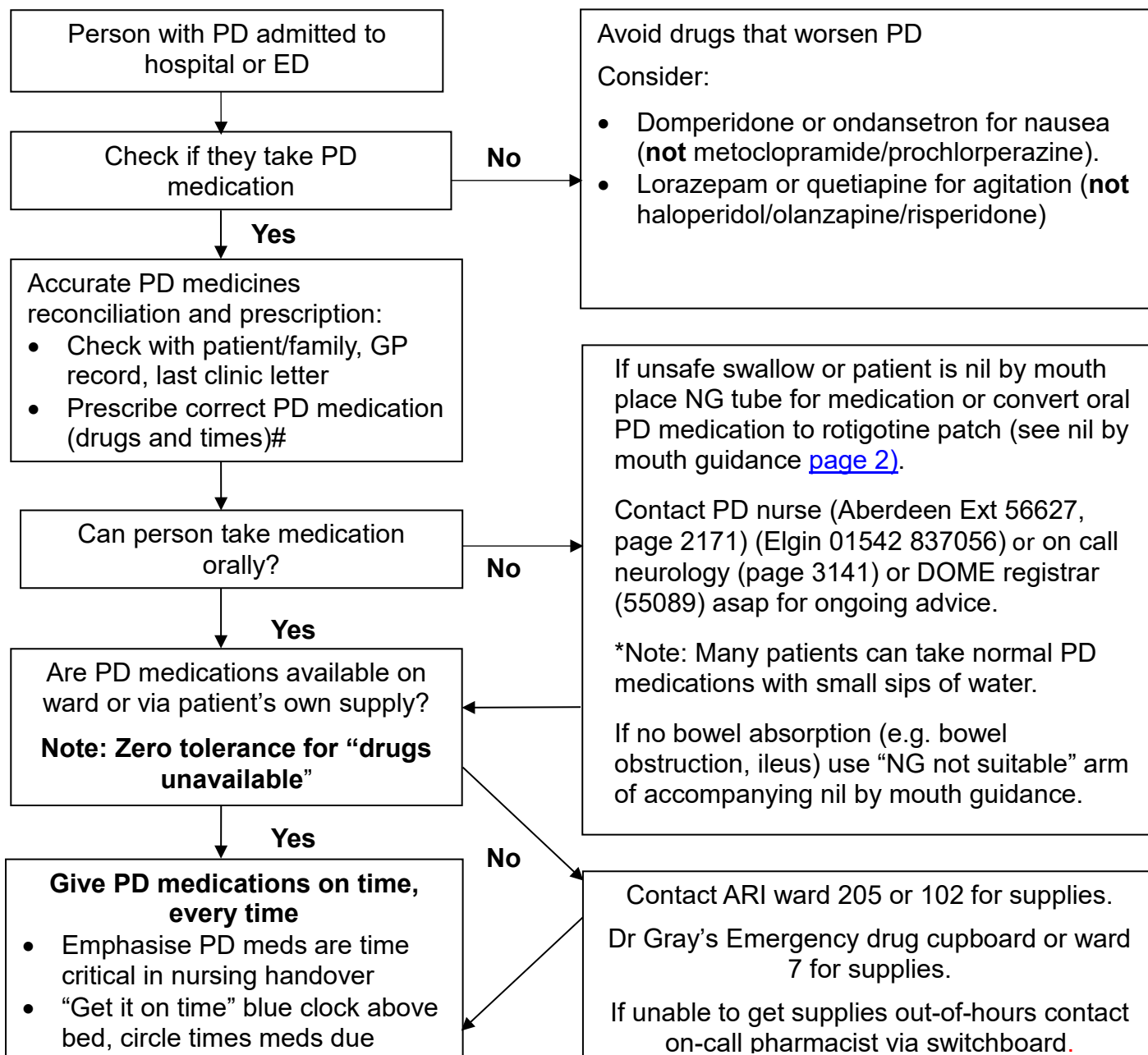
Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)
October 2022	April 2019	Contact details APO and duodopa, Elgin.	Page 1
October 2022	April 2019	Flow chart updated and OPTIMAL calculator added.	Page 2
October 2022	April 2019	Table 1 updated with OPTIMAL calculator details. Tablet 2 removed – replaced with OPTIMAL calculator.	Page 3
May 2023	December 2022	Contact for Dr Grays hospital updated.	Page 1
May 2023	December 2022	Geriatrics registrar on call phone number updated.	Page 1

* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

Parkinson's Disease (PD): Prescribing PD Medications In Hospital

Failure to give correct PD medication on time can result in serious deterioration/withdrawal reactions. PD medications are time critical. **Do Not** abruptly stop drugs.

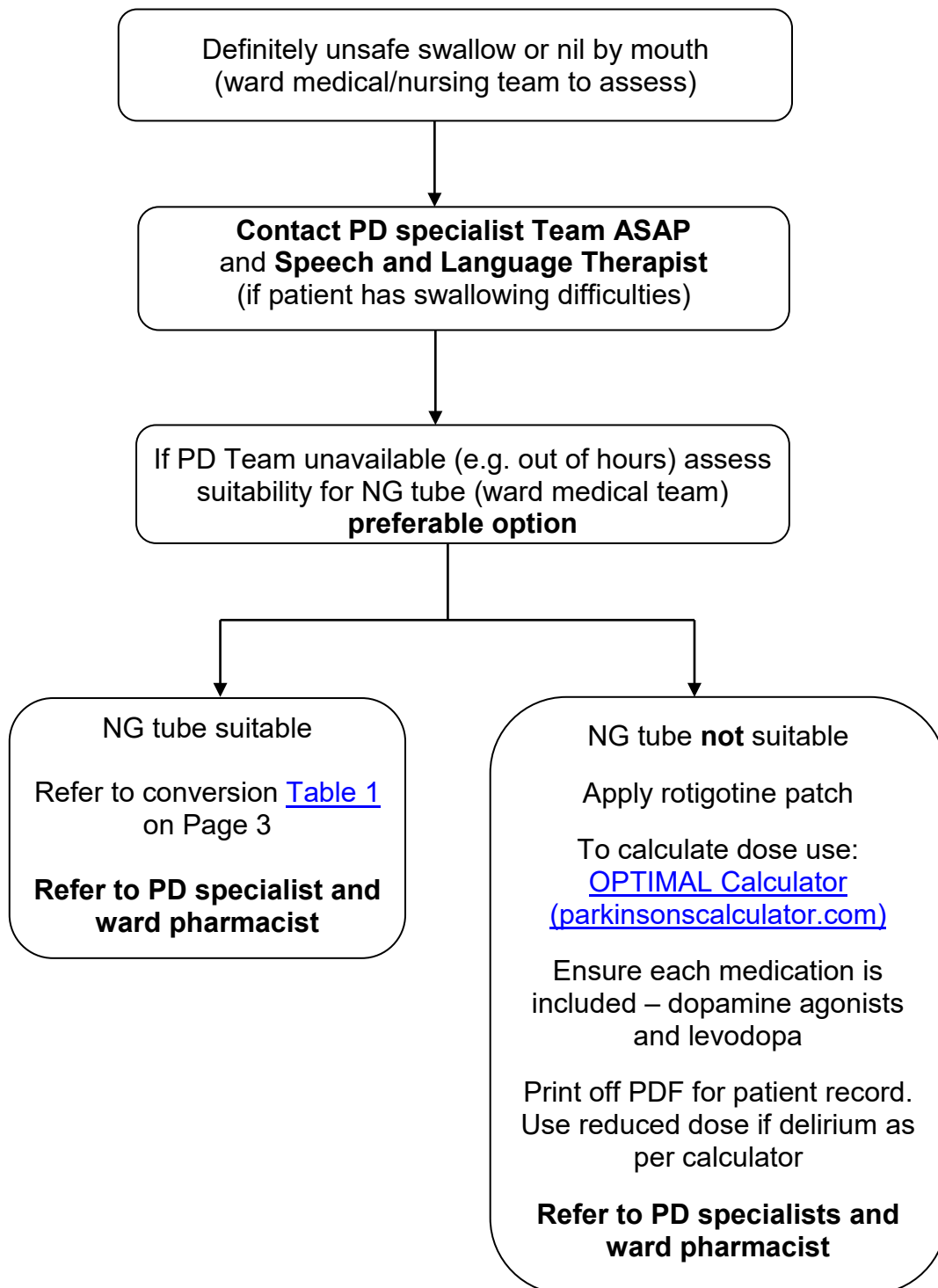
The general advice in this document applies to all PD patients admitted to any hospital in NHS Grampian. For patients admitted to Dr Gray's, please contact local PD service or pharmacist for advice/drug supplies and for those admitted to community hospitals, please contact your nearest PD service and pharmacy team.



Rarely patients may be on non-oral PD medicines:

- Subcutaneous apomorphine (for infusion): must be continued. Seek advice from PD nurse (Ext 56627, page 2171) or APO-go 24 hour helpline (0808 196 4242).
- Co-careldopa intestinal gel (Duodopa) via jejunal (PEG-J) tube must be continued. Seek advice from PD nurse (Ext 56627, page 2171); if pump issues contact Duodopa helpline (0800 458 4410); if issues with Duodopa supply or PEG-J items (connectors/tubes) please contact HealthNet Pharmacy customer care team (0800 083 3060).

Parkinson's Disease (PD) Nil By Mouth Guidance: Conversion Of Oral PD Medicines To An Alternative Formulation In Hospital



The maximum dose of rotigotine is 16mg/24hours. The patches are available in 2mg/4mg/6mg/8mg strengths. Do **not** cut patches to achieve correct dose.

REVIEW DAILY
WHEN ABLE TO TAKE MEDICATIONS
ORALLY MUST CONVERT BACK TO ORAL
ROUTE

Guidance Regarding Administration Of Parkinson's Disease (PD) Medicines To Patients With NG/Enteral Feeding Tubes/Poor Swallow

The alteration of medications for use via enteral feeding tubes or in patients with swallowing difficulties results in the medication being unlicensed. Use 30mL of water to flush the tube before and after drug administration. If more than one medication is to be given, flush with 15-30mL of water between each medication and after dose as per [Guidance for the Administration of Medicines to Adults via Enteral Tubes within NHS Grampian](#). With all changes to PD medication, close monitoring of the patient's response is needed.

Conversion Table 1: Administration To Patients With Enteral Feeding Tubes Or Swallowing Difficulties^{1,2}

Drug name	Method of administration for enteral tubes or swallowing difficulties
Amantadine	<ul style="list-style-type: none"> Liquid available 50mg/5mL (contains sorbitol). The capsules can be opened and mixed with water for administration.
Co-beneldopa	<ul style="list-style-type: none"> Standard madopar/co-beneldopa can be switched to same dose of dispersible madopar/co-beneldopa for ease of swallowing or NG administration. Modified (slow) release formulations cannot be crushed or dissolved. Convert to dispersible formulation. Slow release levodopa has lower bio-availability than dispersible so ideally equivalent dispersible dose would be only 70% of slow release dose but this is only important if patient on larger doses of controlled release (more than 1 x 100/25 slow release three times a day) when smaller more frequent doses of dispersible co-beneldopa may be required. A small "when required" dose may need to be prescribed if changing from capsules/tablets to dispersible tablets. This should only be done by a PD specialist as there may be a detrimental effect of increasing total daily dose.
Co-careldopa	<ul style="list-style-type: none"> Modified release formulations cannot be crushed. Convert to standard co-careldopa and disperse in water or switch to dispersible co-beneldopa. See advice for co-beneldopa about dose conversion from modified to standard release. Standard formulations disperse in water for administration or switch to dispersible co-beneldopa ensuring the equivalent levodopa dose (e.g. Sinemet® 110mg (carbidopa 10mg/levodopa 100mg) tablet levodopa dose is equivalent to Dispersible co-beneldopa 100/25mg).
Entacapone	<ul style="list-style-type: none"> Can omit in the acute situation until review by PD specialist.
Co-careldopa +Entacapone	<ul style="list-style-type: none"> Entacapone component: Can omit in the acute situation until review by PD specialist. Co-careldopa component: Give as per co-careldopa entry above.
Pramipexole	<ul style="list-style-type: none"> Standard preparation can be crushed.
Pramipexole (Modified release)	<ul style="list-style-type: none"> Cannot be crushed – convert to standard preparation dose Use OPTIMAL Calculator (parkinsonscalculator.com)
Ropinirole	<ul style="list-style-type: none"> Standard preparation can be crushed
Ropinirole (Modified release, XL)	<ul style="list-style-type: none"> Cannot be crushed – convert to standard preparation dose. Use OPTIMAL Calculator (parkinsonscalculator.com)
Selegiline	<ul style="list-style-type: none"> Selegiline tablets can be dispersed in water. Selegiline is also available as selegiline oral lyophilisate (Zelapar®). Zelapar® is non-formulary - follow the appropriate non-formulary processes. Use Zelapar® if the patient has a moist mouth and is able to use Zelapar® safely. Zelapar® (dissolves on tongue) 1.25mg is equivalent to 10mg selegiline. Can omit in the acute situation.

Drugs that can be omitted temporarily if NG tube NOT suitable in the acute situation:

- Monoamine-oxidase-B inhibitors (MAOB) - Rasagiline, selegiline.
- Catechol-O-methyltransferase inhibitors (COMT) - Entacapone, Tolcapone, Opicapone.
- Amantadine.

Document in notes any medicines that are being temporarily omitted and make it clear these have to be restarted if/when swallowing re-established.

Note: Other non-oral PD medication (subcutaneous apomorphine or intrajejunal Duodopa) are **not** suitable for emergency initiation if people are not already on them.

References

1. Guidance for the Administration of Medicines to Adults via Enteral Tubes within NHS Grampian
[http://nhsgintranet.grampian.scot.nhs.uk/depts/GrampianMedicinesManagementGroup/MedsGuidelinesandPolicies/Medicines%20Guidelines%20and%20Policies/Policies/Guide EnteralTubeA.pdf](http://nhsgintranet.grampian.scot.nhs.uk/depts/GrampianMedicinesManagementGroup/MedsGuidelinesandPolicies/Medicines%20Guidelines%20and%20Policies/Policies/Guide%20EnteralTubeA.pdf)
2. The Handbook of Drug Administration via Enteral Feeding Tubes, 3rd Edition.
<http://www.medicinescomplete.com/#/>