

PARKINSON'S IN THE ED

GOLDEN RULES

SOURCE - RCEMLEARNING / CREATED BY STRATA5.CO.UK

1 PD PATIENTS MUST NEVER MISS OR DELAY MEDICATION

If swallowing concerns or reduced conscious level:

- If able, give usual medication on a spoonful of water/yogurt, even if nil by mouth for everything else (risks from missed medication often outweigh risks of aspiration)
- Urgent NG tube for PD medication if unconscious/unable to swallow
Convert to rotigotine patch & discuss urgently with local PD team if NG not possible.
Check local guidelines or online resources
- If unsure what patient usually takes: Urgently attempt to establish - GP, usual pharmacist, family, previous notes/letters
- If out of hours and cannot establish drug history, it is generally safer to give something rather than nothing. Consider a one off stat dose of co-careldopa or co-benelopa 25/100mg

2 MANY ANTI-EMETICS & ANTI-PSYCHOTICS ARE DOPAMINE ANTAGONISTS & SO ARE HARMFUL IN PD

- **DO NOT** give metoclopramide & prochlorperazine in PD
- Anti-emetic of choice in PD is domperidone (if no ECG concerns). Cyclizine is usually problem free short term
- **DO NOT** give ant-psychotics (eg risperidone, haloperidol) unless on special advice - if severely agitated use benzodiazepines for PD patients

3 PD IS A GRADUALLY PROGRESSIVE CONDITION... SO IF A PD PATIENT HAS ACUTELY DETERIORATED:

- Either they've missed their medication
- Or they've been given a dopamine antagonist (eg haloperidol, prochlorperazine etc)
- Or it's not the PD - you've missed something!