Safety Notice 002/20

Management of medication for patients with Parkinson disease

11 March 2020

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation and Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Heads of departments
- Directors of Nursing and Midwifery
- Directors of Medical Services
- Directors of Pharmacy
- Drug and Therapeutics Committees

Expert Reference Group

Content reviewed by:

- Medication Safety Expert Advisory Group
- Parkinson's NSW
- ANNA Movement Disorder Chapter

Clinical Excellence Commission

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http://internal.health.nsw.gov.au/quality/sabs/

Review date

March 2021

Background

Patients with Parkinson disease (also known as Parkinson's disease) have symptoms controlled through a personalised medication regimen. The control of symptoms may be compromised if their medications are delayed, omitted or abruptly changed.

Consequences of compromised therapy

- Motor and non-motor symptoms of Parkinson disease patients is individualised and dependent upon personalised prescription and medication administration. **Even minor delays in dosing (i.e. 15 minutes) may make a significant difference to symptom control.**
- Omitted and delayed doses can result in emergencies, adverse events and worsening of symptoms, such as; tremors, rigidity, akinesia (difficulty initiating movement), gait and balance disturbance, depression, anxiety and impaired swallowing ability.
- Prolonged withdrawal from Parkinson medications or severe intercurrent illness can cause a rare but potentially fatal neuroleptic malignant-like syndrome and dopamine agonist withdrawal syndrome featuring muscle rigidity, fever, autonomic instability, cognitive changes and altered level of consciousness.
- Interacting drugs, including anti-emetics and anti-psychotics (e.g. metoclopramide, prochlorperazine, haloperidol), interfere with the action of Parkinson medication and should be avoided.

Contributing factors

- When patients with Parkinson disease are admitted to hospital, clinical staff may not be aware of the time-critical nature of the treatment regimen.
- The medication regimen may be complex, and Parkinson medications are available in different formulations (e.g. immediate release vs slow release), various drug combinations and strengths – hence errors in prescribing can occur.
- Although patients often bring their own medication into hospital, they may be prevented from self-medicating due to local protocols, or doses may be omitted or delayed until hospital supply can be obtained.

Suggested actions by Local Health Districts/Networks

1. Distribute this Safety Notice to all relevant clinical staff and all clinical departments.
2. Introduce strategies to ensure the best management of inpatients with Parkinson disease. Strategies could include:
   a. Notifying the patient's neurologist or specialist nurse of each Parkinson patient's admission when possible, particularly if unplanned.
   b. Obtaining a clear and accurate medication history. Confirm details with a second information source e.g. patient's own medicines, the patient's carer, GP and/or local pharmacy.
   c. Prescribing Parkinson medication using generic and brand name, and specifying formulation where possible.
   d. Documenting the time medications are normally taken by the patient and ensure medications are administered at these personalised times. **Parkinson medication is time-critical, administer doses on time, every time.**
   e. Administering from the patient's own medicine supply until hospital supply is established. Refer to Medication Handling in NSW Public Health Facilities policy.
   f. Reviewing the range of Parkinson medications available in the Emergency Department and after-hours drug cupboard. Consider use of a Parkinson medication identification chart with images of products (e.g. tablets, intestinal gel, patches, injection) active ingredient and brand names, strengths and dosage forms, to assist correct product selection.
   g. Assessing the patient's ability to self-medicate (consistent with Medication Handling in NSW Public Health Facilities policy), noting that acutely unwell or unstable patients may not be suitable.
   h. Switching to a non-oral route (e.g. nasogastric) when a patient is unable to take or tolerate oral medication. Seek expert advice if possible before changing the route of medication.
   i. Considering the following eMR options:
      i. documentation and identification of patients who have Parkinson disease
      ii. on-time administration of Parkinson medications
      iii. configuration in eMR to support the high level of frequency for some Parkinson medications (e.g. 6 times per day) and that appropriate order sentences are available
   j. Educate staff on how to manage patients with Parkinson disease. An e-Learning module is available from HETI (course code 283839943).
3. Report any incidents associated with Parkinson medications in the Incident Information Management Systems (IIMS)