

PD patient admitted

Why?

Is PD the main reason or just a contributing factor?

Did you know that many patients with PD can supervise their own drugs when in hospital?

Why not discuss this with them on admission?

PD-related reasons

- falls due to:
 - postural instability
 - medication wearing off
 - postural hypotension
- gradual decline in mobility
- ✓ may respond to changes in treatment
- ✓ don't change things without discussion
- dementia
- hallucinations/delusions
 - common in PD
 - can be triggered by
 - medications you prescribe
 - infections
 - trauma, but...
- ✓ often just part of advanced PD itself

Don't forget

- infections are common
- look for:
 - ✓ UTI
 - ✓ chest infection
- constipation is a big problem
 - ✓ check the stool chart and treat accordingly
- dysphagia and weight loss
 - ✓ low threshold for SALT and dietician referral ([click here](#))
- falls risk is very high
 - ✓ watch out for fractures
 - ✓ refer to physio & OT ([click here](#))
- cognitive impairment in over 50%
 - ✓ high risk of delirium
 - ✓ high mortality

Remember the traffic lights

Medication

- right drug?
- right dose?
- right time?

Unable to swallow?

Follow "NBM" protocol

Contact the PD team
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Mon - Fri