Acute Management of Parkinson's Patients with impaired swallow or nil by mouth

TARGET AUDIENCE	Secondary Care
PATIENT GROUP	Parkinson's patients

Clinical Guidelines Summary

- Parkinson's disease (PD) is a common and progressive neurodegenerative disorder caused by reduced levels of dopamine in the brain.
- PD is characterised by motor symptoms of bradykinesia, tremor and rigidity.
- PD medicines are classified as **"time critical"** - administer at the correct times to avoid potential complications (swallowing difficulties, aspiration pneumonia, reduced mobility and prolonged length of stay).
- If patient is unable to swallow or nil by mouth (NBM), PD medicines should be reviewed immediately, refer to guidance as per below.
- If on levodopa preparations **ONLY**, refer to **Table 1 or 2**.
  If on dopamine agonists **ONLY**, refer to **Table 3 or 4.**
  If on **COMBINATION** of levodopa and dopamine agonists, refer to flowchart

Levodopa Preparations	
Generic	**Brand**
Co-beneldopa (benserazide and levodopa)	Madopar
Co-careldopa (careldopa and levodopa)	Sinemet
Carbidopa, levodopa and entacapone	Stalevo/Stanek
Carbidopa and levodopa intestinal gel	Duodopa
Foslevodopa and foscarbidopa	Produodopa
Dopamine Agonists	
Generic	**Brand**
Amantadine**	
Ropinirole	Requip XL
Rotigotine	Neupro
Pramipexole	Mirapexin
Apomorphine	APO-Go or Dacepton
Monoamine Oxidase B Inhibitors	
Generic	**Brand**
Selegiline**	Eldepryl
Rasagiline**	Azilect
Catechol-O-methyltransferase inhibitors	
Generic	**Brand**
Entacapone**	Comtess
Tolcapone**	Tasmar
Opicapone **	Ongentys

**** Omit until swallow is established.**

What should you do when a PD patient is admitted?

1. Prescribe the patient's usual PD medication:

   Obtain an accurate medication history from the patient, relatives, emergency care summary (ECS) or clinical portal (consider correspondence).

   DO NOT STOP ANY PARKINSON'S MEDICATIONS

   Prescribing considerations:

   - Medication name – be mindful of the various brands. Sinemet (Co-careldopa) and Madopar (Co-beneldopa)
   - Formulation (standard/prolonged release, dispersible and patch)
   - Doses – available in different strengths
   - Administration times – prescribe as per the patient's usual regimen e.g. exact administration times – not as pre-populated on HEPMA.

2. Immediately locate stock (using patient's own medications/emergency cupboard stock/allocated wards holding PD stock – see appendix I or II). **It is not acceptable for PD medication to be marked as "drug unavailable" on HePMA.**

3. **DO NOT** prescribe any medication(s) that may exacerbate symptoms of PD - avoid haloperidol, metoclopramide or prochlorperazine. If required, domperidone is the recommended anti-emetic in this patient cohort. Note due to risk of cardiac side effects with domperidone, the lowest effective dose should be used for shortest possible duration (MHRA guidance). If domperidone not effective, seek specialist advice.

4. For patients' prescribed advanced therapies (Duodopa or Apomorphine), continue as usual and seek specialist advice from the Parkinson's team (see contact details).

PATIENTS UNABLE TO SWALLOW OR NBM:

- Consider and treat underlying issue causing swallowing difficulties (i.e. chest/aspiration pneumonia/urine infection etc.)
- Refer to speech and language therapy for a formal assessment
- Follow advice below regarding converting patient's usual PD medications to an alternative formulation.

Levodopa preparations can be converted to an equivalent dose of dispersible Madopar and administered via nasogastric tube (NGT).

Table 1: Guidance on converting oral levodopa dosing regimen to dispersible Madopar

Current dose & Frequency	Equivalent dispersible Madopar dose
1x Madopar 12.5/50mg three times daily	12.5/50mg three times daily
1x Madopar 25/100mg three times daily	25/100mg three times daily
1x Madopar 25/100mg four times daily	25/100mg four times daily
1x Sinemet 12.5/50mg three times day	12.5/50mg three times daily
1x Sinemet 25/100mg four times daily	25/100mg four times daily
1x Stalevo 50/12.5/200mg four times daily	12.5/50mg four times daily
1x Stalevo 100/25/200mg four times daily	100/25mg four times daily
1x Stalevo 150/37.5/200mg four times daily	187.5mg four times daily

** This is not an exhaustive list; apply same principles to higher doses or different frequencies of Madopar/Sinemet/Stalevo. Madopar dispersible tablets available as 12.5/50mg and 25/100mg.

If it is not possible to administer dispersible Madopar via an NG tube, convert the total daily levodopa dose to an equivalent Rotigotine patch (table 2).

Table 2: Guidance on converting oral levodopa dosing regimens to Rotigotine patches

Current levodopa regimen	NHSL rotigotine patch recommendation
Madopar or Sinemet 12.5/50mg twice a day	2mg/24 hours
Madopar or Sinemet 12.5/50mg three times a day	2mg/24 hours
Madopar or Sinemet 12.5/50mg four times a day	2mg/24 hours
Madopar or Sinemet 25/100mg three times a day	2mg/24 hours
Madopar or Sinemet 25/100mg four times a day	4mg/24 hours
Madopar or Sinemet 187.5mg three times a day	4mg/24 hours
Madopar or Sinemet 187.5mg four times a day	4mg/24 hours
Madopar or Sinemet 250mg (2 x 25/100mg) three times a day	6mg/24 hours
Madopar or Sinement 250mg (2 x 25/100mg) four times a day	6mg/24 hours

Current Stalevo regimen	NHSL rotigotine patch recommendation
Stalevo 50/12.5/200mg three times a day	2mg/24 hours
Stalevo 100/25/200mg three times a day	4mg/24 hours
Stalevo 100/25/200mg four times a day	4mg/24 hours
Stalevo 150/37.5/200mg three times a day	4mg/24 hours
Stalevo 200/50/200mg three times a day	6mg/24 hours

Note – for modified release preparations, see guidance below.

The above recommended doses are based on guidelines and PD calculators, as well as the PD teams own clinical experience. Please follow these guidelines if patient unable to take usual parkinson's medications and contact the Parkinson's team as soon as possible on the next working day.

- Treat each patient as an individual. If admitted with delirium or underlying cognitive impairment, a cautious approach is advised; initial dose may need to be lowered and titrated slowly depending on response and review daily.
- Once patch is applied, steady state is reached after 24-48 hours.
- Patches available in 2mg/4mg/6mg/8mg strengths. Do not cut these to achieve desired doses. Combination of patches can be used to make the correct dose, if necessary.
- 100mg modified release levodopa is approximately equivalent to 2mg/24hour rotigotine patch. E.g. if patient on Madopar 25/100mg three times a day and Madopar MR 25/100mg at night, appropriate patch would be 4mg/24 hours.

Table 3: Guidance on converting dopamine agonists via an NG tube – short-term (initial 48 hours).

Dopamine agonist	Advice
Rotigotine patch (Neupro)	Continue
Ropinirole (Requip)	Maintain same dose, crush tablets* and mix with water.
Ropinirole XL (Requip XL)	Covert to standard dose ropinirole and crush same as above e.g. 18mg XL = 6mg three times a day
Pramipexole (Mirapexin)	Maintain same dose, crush tablets and mix with water
Pramipexole MR (Mirapexin MR)	Covert to standard dose pramipexole and crush same as above
Apormorphine (subcutaneous injection or infusion)	Continue. Refer to page 7 for additional information.

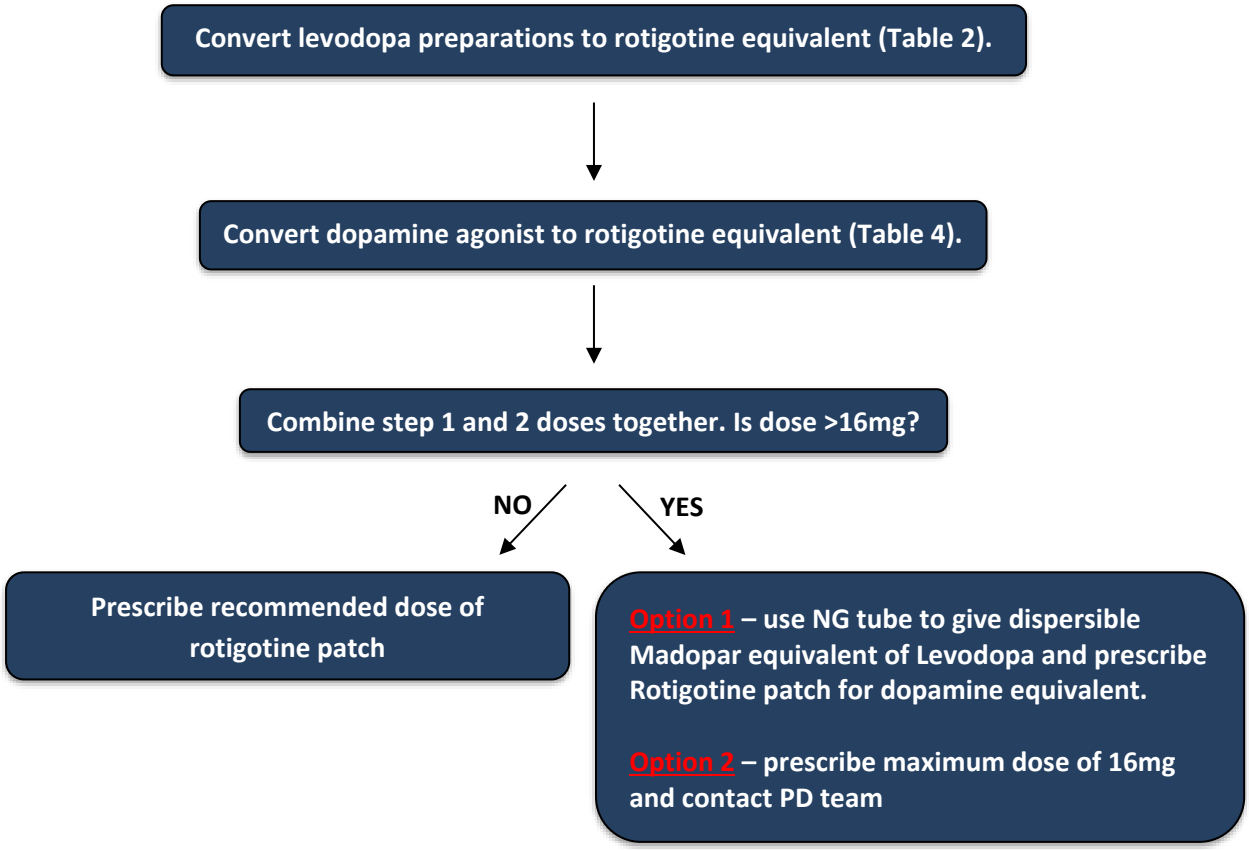
*Unlicensed use but accepted practice in this clinical scenario (no ULM paperwork required).

If tube blockage occurs, or long-term management required refer to table 4.

Table 4: Highlights the conversion of dopamine agonists to a Rotigotine patch

Ropinirole	Ropinirole XL	Pramipexole (salt content)	NHSL rotigotine patch recommendation
Starter pack	2mg/day	0.125mg three times a day	2mg/24 hours
1mg three times a day	4mg/day	0.25mg three times a day	2mg/24 hours
2mg three times a day	6mg/day	0.5mg three times a day	4mg/24 hours
3mg three times a day	8mg/day	0.75mg three times a day	6mg/24 hours
4mg three times a day	12mg/day	1mg three times a day	8mg/24 hours
6mg three times a day	16mg/day	1.25mg three times a day	12mg/24 hours
8mg three times a day	24mg/day	1.5mg three times a day	16mg/24 hours

If the patient is on both levodopa and dopamine agonists, follow the flowchart below:



ADVANCED THERAPIES:

1. **Apomorphine** - remember this treatment should **NEVER** be initiated without the involvement of a PD specialist. When a patient is admitted on Apomorphine, continue and contact Parkinson's team as soon as possible. The Apo-go helpline is available 24/7 (**08081964242**).

2. **Duodopa** - intra-jejunal gel infusion of levodopa/carbidopa through a modified PEG tube. Most complications arise due to technical complications such as displacement or blockage of tube. When a patient is admitted on Duodopa and with no technical complications, this should be continued. Contact Parkinson's team as soon as possible. The Duodopa helpline is available 24/7 (**08004584410**).

3. **Produodopa** – continuous subcutaneous infusion of foslevodopa/foscarbidopa using a Vysafuser pump managed by the patient in their own home. Remember this treatment should NEVER be initiated without the involvement of a PD specialist. When a patient is admitted on Produodopa they should continue on this provided that they are still able to manage using the pump. The Parkinson's team should be contacted as soon as possible. If the patient is unable to self-administer, there should be a documented contingency plan for alternative oral medications or rotigotine patches. There is a dedicated Produodopa helpline to support patients, carers and any Health Care Professionals regarding issues such as pumps, injection site reactions and basic advice (e.g. who to contact for clinical issues). This is available 8am to 8pm Monday-Friday and 8am to 5pm Saturday, Sunday and Bank Holidays (0808 175 6665).

NHS LANARKSHIRE PARKINSON'S TEAM CONTACT DETAILS

Parkinson's Disease Specialist Nurse Team: 01698 750953 or pdsnt@lanarkshire.scot.nhs.uk.
Available Mon – Fri 8:30am – 4:30pm.

Consultants:

Dr Ben Adler – University Hospital Wishaw
Dr Helen Morgan – University Hospital Wishaw
Dr Kirsty Killen – University Hospital Hairmyres
Dr Nuala McQuillan – University Hospital Hairmyres
Dr Laura Peacock – University Hospital Hairmyres
Dr Graham McCallum – University Hospital Monklands
Dr Amanda Reid – University Hospital Monklands
Dr Inas Saad – University Hospital Monklands
Dr Nandeesh Shivplara, Consultant Neurologist (visiting specialist from QEUH)

References/Evidence:

- NHS Ayrshire and Arran "Guidelines for the acute management of In-Patients with Parkinsons'". Accessed via - inpatient-guidelines-for-pd-management.pdf

- NHS Greater Glasgow and Clyde "Parkinson's Disease (PD) – Nil by Mouth Guidance, Acute". Accessed via - parkinson-s-disease-nil-by-mouth.pdf
- National Institute for Health and Care Excellence (2017) Parkinson's disease in adults: NICE guideline (NG 71).
- UCB Pharma Limited (2025). Neupro 4mg/24h transdermal patch. Neupro 4 mg/24 h transdermal patch - Summary of Product Characteristics (SmPC) - (emc) | 1996
- PDMedCalc (n.d) Home | PDMedCalc

Appendices:

1. **Use of patients own medications – Medicines code of practice (Nov 2023)**

Before using the patient's own medication the integrity of the medicines should be assessed by medical/pharmacy staff or a registered nurse/midwife. Record in the nursing or medical notes that the medicine is fit for use – the assessor of this should sign the entry.

Only use patient's own medication if they comply with the following:

- Medicine is in original dispensed container or blister pack clearly labelled with name and strength of drug and name of the patient.
- On inspection, the contents of the container are all of the same appearance, can be identified as being the drug named on the outer container, and are correct strength and formulation.
- The medicine is within three months of the dispensing date on the container and has not passed expiry date of the original pack.
- On examination, the medicines and container are in good condition and are acceptable for use.

If there is any doubt as to the identity or quality of the medication, these must not be used. Further advice can be sought from Pharmacy.

2. **Parkinson's Drug Stock**

All three sites have a dedicated ward with stock of PD medication. Any ward requiring an urgent dose can borrow as per Medicines Code of Practice until ordered from pharmacy.

Hairmyres: Ward 2, 15 and 16

Monklands: MAU, AMRU and ward 14

Wishaw: Ward 9

Governance information for Guidance document

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CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author/Authors	**Aimee Douglas (Frailty Pharmacist)** **Amanda Reid (Medicine of the Older Adult Consultant)** **Ben Adler (Medicine of the Older Adult Consultant)** **Graham McCallum (Medicine of the Older Adult Consultant)** **Gary Lynas (Specialist Stroke/Antimicrobial pharmacist)** **Helen Morgan (Medicine of the Older Adult Consultant)** **Inas Saad (Speciality Doctor)** **Kirsty Killen (Medicine of the Older Adult Consultant)** **Laura Peacock (Medicine of the Older Adult Consultant)** **Nicola Wilson (Medicine of Older Adult/Homecare Pharmacist)** **Nuala McQuillan (Speciality Doctor)**
Consultation Process/Stakeholders:	Review and discuss current PD NBM guidance with Medicine of the Older Adult consultants within NHS Lanarkshire.
Distribution	

CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version No.**
18/03/2026	Aimee Douglas	Review, revise and update of policy in line with national Parkinsons UK approved calculator. Updated guidance for sourcing parkinsons medicines out of hours (OOH).	1
			2
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