

# Recommendations

These recommendations have been formed by a consensus exercise involving all those listed in the acknowledgements. Please see Appendix 1 for how the key findings in the report support the recommendations. The recommendations have been independently edited by medical editors experienced in developing recommendations for healthcare audiences to act on.

The recommendations highlight areas that are suitable for regular local clinical audit and quality improvement initiatives by those providing care to this group of patients.

The result of local clinical audits or quality improvement initiatives should be presented at quality or governance meetings and action plans to improve care should be shared with executive boards.

**Executive boards are ultimately responsible for supporting the implementation of these recommendations. Suggested target audiences to action recommendations are listed in italics under each recommendation. The primary target audience/audiences are in bold.**

*The term 'healthcare professionals' includes, all specialties and grades who would be involved in the care of this group of patients*

1	<p>Document the swallow status of all patients with Parkinson's disease at the point of referral to hospital.</p> <p><b>Target audiences: Primary care and community Parkinson's disease teams</b></p>
2	<p>Notify the specialist Parkinson's disease service (hospital and/or community) when a patient with Parkinson's disease is admitted, if there is any indication from the notes, or following discussion with the patient of their relatives/carers, that there has been a deterioration or progression of their clinical state.</p> <p><b>Target audiences: Healthcare professionals who see patients at admission, clinical and medical directors</b></p>
3	<p>Screen patients with Parkinson's disease for swallowing difficulties at admission, irrespective of the reason for admission. This should include:</p> <ul style="list-style-type: none"> <li>• Ability to swallow food, fluids and medication</li> <li>• Control of saliva</li> <li>• A history of pneumonia</li> </ul> <p><b>Target audiences: Healthcare professionals who see patients at admission and clinical directors</b></p>
4	<p>Refer patients with Parkinson's disease who have swallowing difficulties* (or who have problems with communication) to speech and language therapy.</p> <p><b>Target audiences: Healthcare professionals who see patients throughout their admission and clinical directors</b></p> <p><small>*See Figure 4.3 in the report for a list of indicators of swallowing difficulties</small></p>

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5	<p>Ensure patients are able to take the medication they have been prescribed at, and throughout, their admission. If there are concerns about whether or not the patient can swallow safely consider other formulations of medication (e.g. liquid rather than a tablet) or ways of administering them.</p> <p><b>Target audiences: Healthcare professionals who see patients at, and throughout, their admission, pharmacists, and clinical directors</b></p> <p><i>NB: Levodopa should be administered within 30 minutes of the prescribed administration time. This is in line with NICE Quality Standard 164. See also the Parkinson's UK medication optimisation consensus statement</i></p>
6	<p>Ensure there is a hospital policy for the different ways of administering medication and the review of medications at the point of patient discharge. This includes the use of rotigotine patches.</p> <p><b>Target audiences: Clinical directors, medical directors, hospital pharmacists, specialist Parkinson's disease teams and quality improvement leads</b></p>
7	<p>Screen the nutritional status of patients admitted to hospital with Parkinson's disease and act on the findings.</p> <p><b>Target audiences: Clinical directors, dietitians, nutrition team members and healthcare professionals who see patients at, and throughout, their admission</b></p> <p><i>NB: All patients admitted to hospital should undergo a nutritional screen using a validated screening tool such as the BAPEN Malnutrition Universal Screening Tool (MUST) this in line with NICE Quality Standard 24</i></p>
8	<p>Involve speech and language therapists, pharmacists, dietitians and nutrition team members in any multidisciplinary (MDT) discussion of patients with Parkinson's disease and swallowing difficulties.</p> <p><b>Target audiences: Clinical directors, speech and language therapists, pharmacists, dietitians and nutrition team members</b></p>
9	<p>Formalise pathways for the provision of modified texture diet and fluids to include input from:</p> <ul style="list-style-type: none"> <li>• Speech and language therapists</li> <li>• Pharmacists</li> <li>• Dietitians or other nutrition team members</li> <li>• Hospital housekeeping and catering services</li> <li>• Community care</li> </ul> <p><i>This is in line with the International Dysphagia Diet Standardisation Initiative (IDDSI)</i></p> <p><b>Target audiences: Medical directors, clinical directors, clinical teams caring for patients with dysphagia. This includes speech and language therapists, pharmacists, dietitians, hospital housekeeping and catering services, community Parkinson's disease teams and quality improvement leads</b></p>

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10	<p>Ensure there is a hospital policy for 'risk feeding' which includes the assessment or re-assessment (if already undertaken at admission) of mental capacity regarding this decision. The policy should state that discussion should involve:</p> <ul style="list-style-type: none"><li>• Patients</li><li>• Family members and/or carers</li><li>• Speech and language therapists</li><li>• Dietitians/nutrition team members</li><li>• Pharmacists</li></ul> <p><b><i>Target audiences: Clinical directors, medical directors, speech and language therapists, pharmacists, dietitians and nutrition team members and quality improvement leads</i></b></p>
11	<p>Provide written information at discharge on how to manage swallowing difficulties, including:</p> <ul style="list-style-type: none"><li>• Swallow status</li><li>• Ability to take oral medication</li><li>• Changes to medication including any new ways of administering them</li><li>• Nutrition screening tool score and care plan including any texture modifications to food and/or fluids</li><li>• Positioning</li><li>• Level of dysphagia risk in the community</li></ul> <p>To:</p> <ul style="list-style-type: none"><li>• The patient</li><li>• Family members and/or carers</li><li>• Community healthcare professionals (e.g. GP, community Parkinson's disease team, community pharmacist, care home staff)</li></ul> <p>A proforma could be used for this discharge summary.</p> <p><b><i>Target audiences: Clinical directors, healthcare professionals who see patients throughout their admission, quality improvement leads</i></b></p>