

PD patient "NBM"

Think

"NBM" does not mean "no bl@*dy meds"
so ask yourself...

- do they really need to be "NBM"? [click](#)
- this matters, because ...? [click](#)

Act

- get the drugs [click](#)
- prescribe them [click](#)
- follow the 5R's [click](#)

Review
Refer

- got it right? too much? too little? [click](#)
- refer to the team [click](#)

Do they really need to be “NBM”?

Whilst your patient may not be able to manage 3 square meals/day - would they manage their medication with small sips of water?

Is their swallow poor due to omitted medication?



This matters because...

NMS - Neuroleptic Malignant Syndrome

- due to sudden withdrawal of PD medication
- onset 1-9 days
- hyperthermia, muscle rigidity, altered state of consciousness, autonomic instability and elevated CK
- significant mortality

DAWS: Dopamine Agonist Withdrawal Syndrome

- causes significant distress to patient.
- physical (pain, orthostatic hypotension) and psychiatric (anxiety, panic attacks, depression, psychosis) consequences
- muscle spasms and freezing resolves on agonist replacement



Get the drugs

PD meds are urgent – try:

- patient's own
- neurology/elderly care wards
- emergency drug cupboards
- pharmacy



Prescribe them

Follow the online calculator

<http://pdmedcalc.co.uk>



Follow the 5R's

right patient
right drug
right dose
right time
right route

Check, and double check, the correct medication, preparation and dose is given

Timing of medication is very important and individualised to the patient. Ensure prescribed and given at these times



Got it right?

Signs of ***under*** treatment – poor symptom control; slowness of movement, muscle rigidity, tremor, postural instability

Signs of ***over*** treatment – hypotension, hallucinations, confusion, convulsions, involuntary movements (dyskinesias)

Note that a patient's Parkinson's symptoms may fluctuate across the course of a day



Refer

Movement Disorder Team

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