Figure 1: The OPTIMAL Guideline for the Management of Parkinson’s Medication in Inpatients

**STEP 1: OBTAIN AN ACCURATE DRUG HISTORY**

From the patient, carer, GP or Electronic Health Record. Include drug names, preparations (e.g., controlled release) and usual timing of medication when at home.

**STEP 2: PRESCRIBE USUAL MEDICATION ACCURATELY AND PROMPTLY**

Prescribe their usual Parkinson’s medication at the times when they would normally take them at home, NOT just standard drug round times. Ensure this medication is obtained and administered promptly.

**STEP 3: TAKE CARE TO AVOID DRUGS THAT WORSEN PARKINSONISM OR CONFUSION**

Do not give metoclopramide, cyclizine, prochlorperazine (Stemetil), haloperidol or riseridone. Domperidone (PO/PR) or ondansetron can be used for nausea and vomiting. Avoid anticholinergics.

**STEP 4: IF THE PATIENT HAS POOR SWALLOW OR IS NIL BY MOUTH**

Insert an NG tube if appropriate. Use Calculator 1 to convert the patient’s usual Parkinson’s tablets to dispersible or liquid preparations, which can be given via the tube. SALT review as soon as possible.

**STEP 5: MANAGING PATIENTS WHO CANNOT HAVE ENTERAL MEDICATIONS**

For those who cannot have an NG tube or with GI failure, use Calculator 2 to convert their usual PD medication to a transdermal patch. Apomorphine injections should only be initiated by a PD specialist.

**STEP 6: AIM TO RESUME THE PATIENT’S USUAL MEDICATION REGIME AS SOON AS POSSIBLE**

Remember to prescribe the usual drug name, preparation (e.g., controlled release) and timing according to their home regime. Seek help from the Pharmacist or Medicines information where needed.

**STEP 7: LIAISE WITH A PARKINSON’S DISEASE SPECIALIST AT THE EARLIEST OPPORTUNITY**

Contact a Parkinson’s specialist Consultant, Parkinson’s Nurse Specialist or Pharmacy.