

Audit on the prescription and administration of Parkinson's Disease medication on admission to hospital.

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Background and Importance

The National Institute for Health and Care of Excellence (NICE) recommends that Parkinson's disease (PD) patients who are hospitalised take levodopa within 30 minutes of their individually prescribed administration time¹. In some cases this may require self-medication². Serious complications can develop if levodopa is not taken on time that may lead to increased care needs and increased length of stay in hospital¹.

It is also recommended that there are local processes in place to identify missed, late and on-time administration of levodopa for adults with Parkinson's disease in hospital or a care home¹.

Aims and Objectives

To evaluate whether the prescription and administration of PD medication in University Hospital Limerick complies with best practice recommendations.

Materials and Method

This baseline audit was carried out over a 12 week period in 2021. Data were collected on 50 PD patient presentations admitted to University Hospital Limerick. A Medication Reconciliation was completed for each patient on admission by a clinical pharmacist or PD Clinical Nurse Specialist as part of the normal delivery of service.

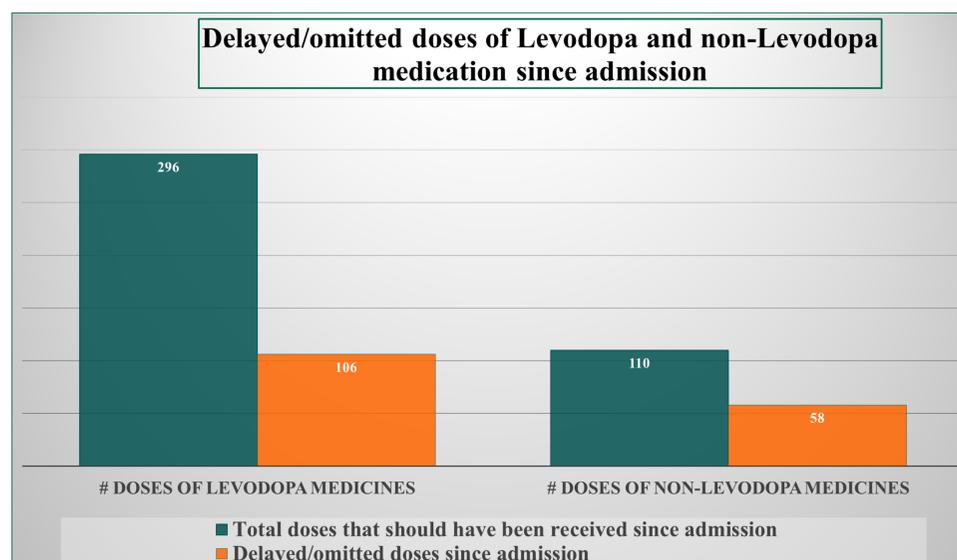
Data relating to PD medications prescribed for the management of motor symptoms was collected. The following information was recorded:

- Unintentional discrepancies on the admission prescription following a medication reconciliation
- The number of delayed or omitted doses of PD medications since arrival to hospital until time of data collection
- The number of patients that administered their own PD medications.

Results

One quarter of medication reconciliations were completed within 24 hours of the patient meeting the Emergency Department triage nurse. Unintentional discrepancies on the admission prescription were associated with 34% of PD medications reviewed. One fifth (20%) of admissions took their own PD medications while in hospital.

The majority of patients (n=40; 80%) were affected by a delay or omission of PD medications since admission to hospital. Over one third (n=106; 36%) of doses of levodopa PD medications were delayed or omitted.



Conclusion

Greater emphasis should be placed on accurately prescribing and administering PD medications for patients on admission to hospital. Consideration should be given to introducing a Self-administration Policy for PD patients admitted to hospital.

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