

Nursing Care Issues For Parkinson Patients

Information Exchange

It is vital for health care professionals to consult with the patient and his or her family/caregivers to include them in the plan of care, particularly regarding the **timing of medication. KEEP THEM INFORMED.** Encourage the patient and family to request case management coordination between the primary care physician and specialists, such as a neurologist. Connect families with support groups and referral resources in the community.

Medications

The **number one complaint** of a hospitalized Parkinson's patients is that their finely-tuned, individualized medication schedule is not followed. **Any deviation from his or her Parkinson's medication schedule can create significant problems for the patient.** Discuss medication timing with the patient or advocate and consult with the patient's neurologist if questions arise. Be aware of contraindicated medications for Parkinson's patients undergoing certain drug therapies. As noted in the **Patient Care Information section, adverse reactions can be severe and even life-threatening.**

"On/Off" Phenomenon

Parkinson's disease has been described as a "yo-yo" disorder: one hour up, the other down, one day good, the next bad. Parkinson patients can experience dramatic and sudden fluctuations in their symptoms which prevent them from initiating movement or performing the most basic activities of daily living. Health care staff needs understanding and good communication skills to help the patient. **For more details, see the Patient Care Information section, "On/Off" Effect (Phenomenon).**

Dietary Concerns

Monitor patients to be sure that meals are eaten. Some patients may need help to unwrap utensils and open containers. Cutting food into bite-sized pieces is also helpful. Supplements, such as Ensure or Carnation Instant Breakfast may be started to promote proper nutrition. Patients should be upright (60-90 degrees) for meals and should remain sitting upright for 15-30 minutes after meals. Swallowing problems (dysphagia) can occur due to the loss of coordination of tongue, throat and airway muscles. Smooth solids and thick liquids are swallowed best. Tucking the chin to the chest helps prevent aspiration. Referral for speech/swallowing therapy is often indicated.

Rehabilitation Services

The typical Parkinson patient is described as having a shuffling gait, rounded shoulders, and a tendency to lean forward. This posture causes patients to fall more easily. The use of canes and walkers can be beneficial to prevent falls. Frequent repositioning and passive range of motion exercise help to prevent contractures and skin breakdown. Referral for physical and occupational therapy can be made to prevent further complications from immobility.

Social Services

Parkinson's disease can be a challenge for the entire family. Communication with care givers is vitally important, and early referral to Social Service can aid in discharge planning. The social worker can offer options for extended care as well as support groups and other community resources. Resources in West Michigan include:

- **Parkinson's Association
of West Michigan**
(616) 954-8077
1 800 617-8711

- **Visiting Nurse Association
of Western Michigan**
(616) 774-2702

- **Area Agency on Aging
of Western Michigan**
(616) 456-5664

- **Gerontology Network**

516 Cherry St SE, Grand Rapids - (616) 977-3300