

CLINICAL LEAD AND TRAINING DIRECTORS' NEWSLETTER September 2023- Care of Parkinson's Disease

Parkinson's disease is a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination. Symptoms usually begin gradually and worsen over time. As the disease progresses, people may have difficulty walking and talking.

There are many misconceptions about Parkinson's disease, which has led to widespread misunderstanding about what the disease really is and the effects it has on someone who is living with it.

Many people believe that having Parkinson's means you would look sick, but that's not always the case. Living with Parkinson's disease looks slightly different for everyone. The condition can cause symptoms like tremors or balance issues and mental health struggles such as depression.

Parkinson's disease can cause many symptoms that have nothing to do with motor function. Some non-motor symptoms that can greatly affect a person's quality of life if they have Parkinson's disease include

- ✓ Disturbed sleep
- ✓ Dementia
- ✓ Hallucinations
- ✓ Difficulty swallowing
- ✓ Low blood pressure
- ✓ Drooling or excessive production of saliva
- ✓ Loss of control over the bladder
- ✓ Looking mad, sad, or disinterested all the time (facial masking)

There are five stages of Parkinson's disease:

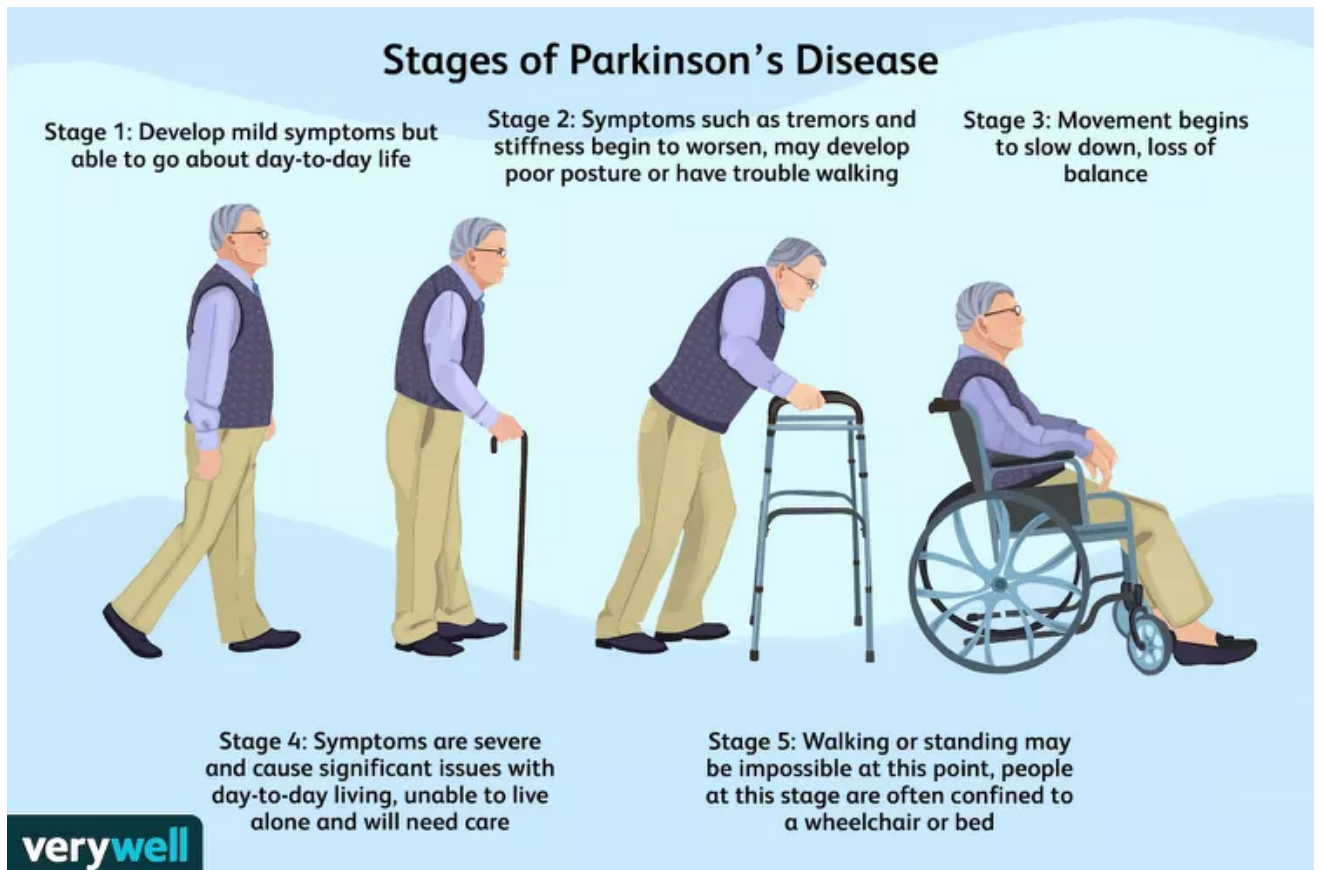
Stage 1: At this stage, you will have only mild symptoms and can go about your day-to-day life relatively easily.

Stage 2: Symptoms such as tremors and stiffness begin to worsen and affect both sides of the body. You may develop poor posture or have trouble walking.

Stage 3: In this stage, your movement will begin to slow down and you lose balance. Symptoms can hinder your ability to perform daily tasks such as getting dressed or cooking.

Stage 4: Symptoms are severe and cause significant issues with day-to-day living. At this point, you are unable to live alone because you cannot complete daily tasks on your own.

Stage 5: Walking or standing could be impossible at this point. Typically, people at this stage are confined to a wheelchair or bed and require a nurse to take care of them at home.

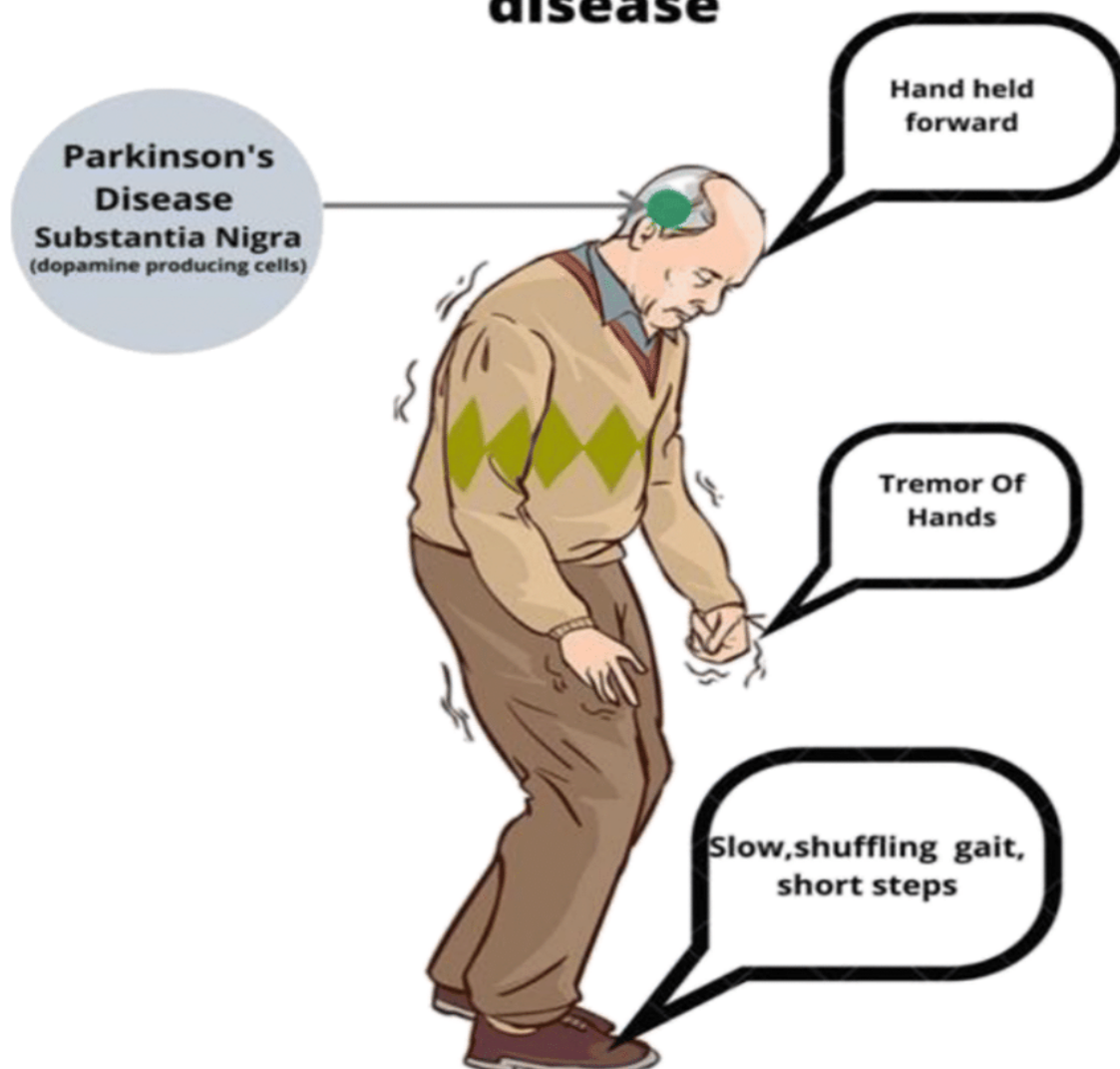


Realities of Living With Parkinson's

Parkinson's disease is unpredictable, so it can be difficult to make any plans—big or small—without worrying you have to cancel at the last minute. Living with the painful symptoms, both physical and mental, can be draining.

Daily tasks may require a lot of energy for someone with Parkinson's disease to complete or are taken away altogether. For example, a person without a chronic disease can drive to the grocery store, come home and do laundry, cook dinner for their family, and still have time to relax at the end of the day. However, a person with Parkinson's will have to put much more effort and time into each task and may not be able to drive at all.

Symptoms Of Parkinson's disease



Care Plan for Parkinson

Problems/Needs

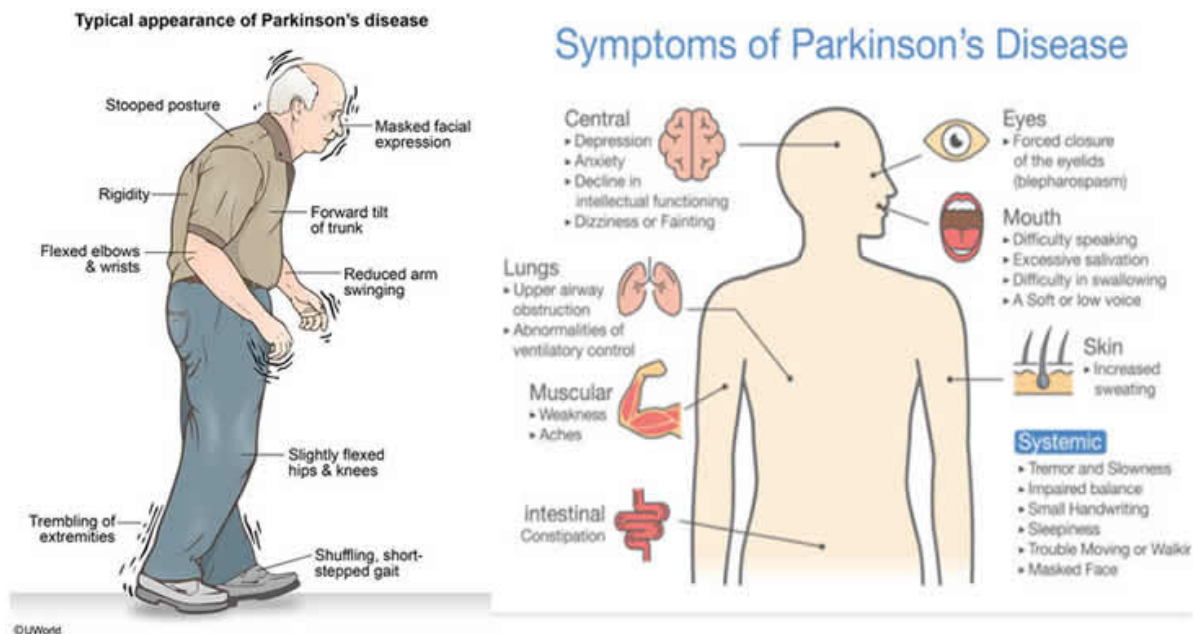
1. Recognize and assess signs and symptoms of Parkinson's disease.
2. Monitor disease progression and assess motor and non-motor symptoms.
3. Administer prescribed medications to manage symptoms, such as dopaminergic medications or anticholinergics.
4. Provide support and education to patients and families about Parkinson's disease, treatment options, and lifestyle modifications.
5. Facilitate physical therapy and occupational therapy to optimize mobility, balance, and functional abilities.
6. Monitor for and manage potential complications, such as falls, dysphagia, or cognitive changes.
7. Offer emotional support and counseling to patients and families to cope with the impact of Parkinson's disease.
8. Coordinate care and referrals to specialists, such as neurologists or speech therapists.
9. Schedule regular follow-up appointments to monitor disease progression, adjust treatment plans, and address any concerns or changes in symptoms.

Goals and expected outcomes may include:

1. The client will achieve the normalization and ability to maintain patent airways and respiratory status.
2. The client will achieve and maintain a patent airway.
3. The client will have clear breath sounds to auscultation and will have respiratory status parameters with optimal air exchange.
4. The client will be able to cough up secretions and perform coughing and deep breathing exercises.
5. The client will identify factors that elicit depressive reactions and use techniques that will effectively reduce the amount and frequency of these episodes.
6. The client will be compliant with the therapeutic regimen.
7. The client will be able to have effective speech and understanding of communication or will be able to use another method of communication and make needs known.

8. The client will be able to use assistive devices and techniques to improve their ability to communicate.
9. The client will be able to speak in an understandable way possible when necessary.
10. The client will be able to understand communication.
11. The client will be able to exhibit minimal frustration and anxiety with speech attempts.
12. The client will be able to make needs known utilizing nonverbal methods if required.
13. The client's family will be compliant and supportive of the patient's attempt at communication.
14. The client will maintain functional mobility as long as possible within the limitations of the disease process.
15. The client will have few if any, complications related to immobility.
16. The client will have an adequate nutritional intake with no weight or muscle mass loss.
17. The client will maintain adequate nutritional status with the use of nutritional support and will experience no complications from support.
18. The client will show no signs of malnutrition status.
19. The client will be able to swallow effectively with no incidence of aspiration.
20. The client will be able to eat and swallow normally.
21. The client will be able to ingest an adequate amount of nutrients without the dangers of aspiration.
22. The client will be able to follow instructions and strengthen the muscles used for eating and swallowing.
23. The client will remain safe from environmental hazards resulting from cognitive impairment.
24. The client's family will ensure safety precautions are instituted and followed.
25. The client will remain in a safe environment with no complications or injuries obtained.
26. The client's family will be able to identify and eliminate hazards in the client's environment.
27. The client will exhibit improvement in emotional well-being.
28. The client will use acceptable strategies to cope with problems and will have an improved sense of self-worth.

29. The client will be able to access support systems, community resources, or counselors to assist in achieving adequate coping skills.
30. The client and/or family will be able to exhibit an understanding of the disease process, medication regimen, and treatment plan of care.
31. The client will be able to accurately verbalize an understanding of Parkinsonism and its treatment regimen.
32. The client will be able to comply with the medication regimen and notify the healthcare provider if the client experiences untoward side effects.
33. The client and/or family will be able to identify and demonstrate safety precautions to prevent injury.
34. The client and/or family will be able to identify the need for long-term goals and the potential for end-of-life decisions to be made.



Nursing Interventions and Rationales

1. Assess swallow prior to giving anything by mouth – involve Speech Therapy as appropriate
2. Due to muscle weakness, patients may experience difficulty swallowing. It may be appropriate to have ST assess for appropriate interventions to prevent aspiration.
3. Encourage PT/OT and the use of assistive devices for ambulation multiple times a day

4. Improving range of motion and muscle strength can help patient to maintain independence. If they do not participate in these activities, muscle atrophy is likely.
5. Educate patient on activity and energy conservation options
6. Patients fatigue easily. Teach to cluster care and provide for periods of rest.
7. Use rocking motion to initiate movement, especially from sit to stand this momentum can help assist with initiating movements when weakness is present.
8. Encourage small, frequent, nutrient-dense meals to get proper caloric intake Increase fluid intake-High protein, High fiber, Avoid foods high in Vit B6. Vitamin B6 can interfere with antiparkinsonian drugs.
9. As the disease progresses, weakness and dysphagia make preparing and eating meals more difficult. Smaller meals can be easier to consume before getting fatigued. Encourage nutrient dense foods.
10. Administer medications
 - Dopaminergics
 - Dopamine agonists
 - Levodopa-Carbidopa
 - Anticholinergics
11. The goal is to increase the levels of available dopamine within the central nervous system.
12. Anticholinergics are given to decrease drooling and secretions.
13. Encourage independence as long as possible
14. As the disease progresses, patients will lose their independence. Encourage them to remain an active participant in their care as long as possible.
15. Provide resources for community support (i.e. groups)

Impact of Parkinson's Disease on Relationships

As the disease progresses to its later stages, many people are forced to give up their independence and autonomy when it comes to taking care of themselves. This makes coping with a diagnosis and the disease incredibly difficult.

However, with the right treatments, you can slow disease progression and remain independent for as long as possible. Because of modern-day medicine

and other forms of treatment, a person with Parkinson's disease can manage it effectively and many times expect to live out a normal and long life. If you have been diagnosed with Parkinson's disease and are having a difficult time coping with the news, it's important that you seek out support groups and follow research advancements in the area.

Exercise

Exercising and living actively is good for everyone, but it is especially beneficial for those with Parkinson's disease. As mentioned in the Physical Therapy section, exercise helps with the gait and balance issues in Parkinson's disease. Tai Chi, Yoga and dance can be very beneficial for individuals with Parkinson's.

Nutrition

There is no specific Parkinson's diet, but patients are encouraged to eat a healthy, balanced diet that is rich in fiber and to drink plenty of fluids. Patients on medications should discuss protein consumption and medication timing with their neurologist.



Physical, Occupational & Speech Therapy

Physical therapy (PT), occupational (OT) and speech therapies are an important part of a Parkinson's disease treatment plan. Physical therapy in Parkinson's disease focuses on gait and balance training, resistance training and exercise.

If you love someone with Parkinson's disease, becoming an advocate or volunteering with a Parkinson's organization can be beneficial to spreading awareness and helping others understand the disease better.

ASSOCIATED DOCUMENTS (MOBIZIO):

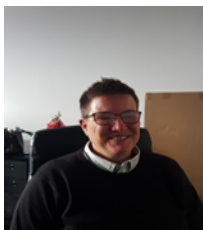
- ✓ SU – Care plan
- ✓ SU – Risk assessment
- ✓ SU- MCA1 form
- ✓ SU-Evaluation

ASSOCIATED AUDITS (ACCESS CARE COMPLIANCE):

- ✓ Provider Quality Audit
- ✓ Care plan Audit



Shiny Joe (RGN) & Sarah Jones (RNLD)
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