

# A review of PD management in Elderly Surgical Patients

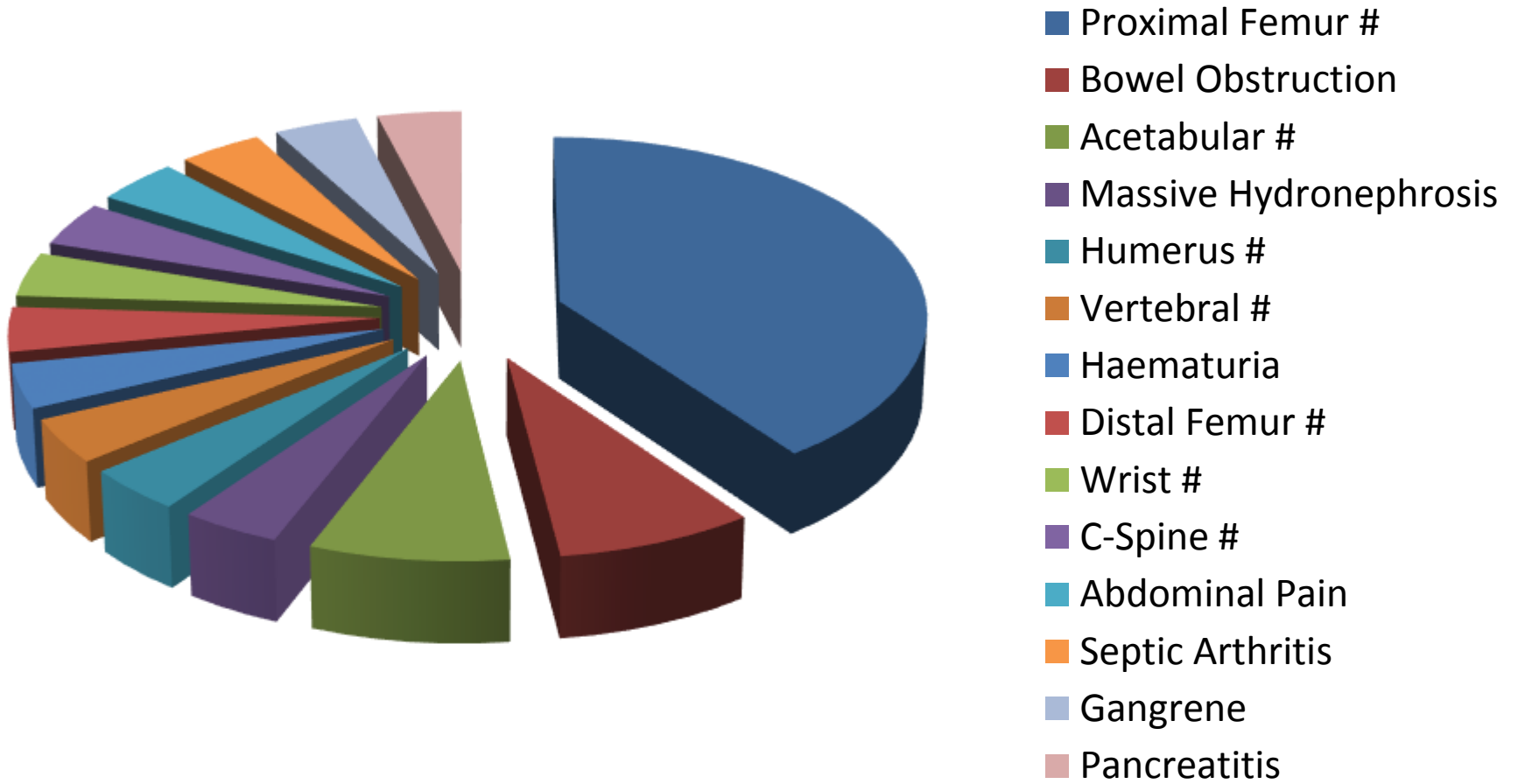
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# Background

- Review of PD management in elderly surgical patients
  - Retrospective
  - Patients coded as PD in PMHx
  - Over 80 years old
  - Admitted under any surgical speciality
  - Acute admissions
  - Still ongoing due to difficulties getting notes (25 reviewed so far)
  - Feeds in to current “surgical frailty model” project currently underway
- Looked at multiple factors
  - Drug prescribing
  - PD nurse referrals
  - Use of bridging therapy in NBM patients
  - Any instance of poor practice

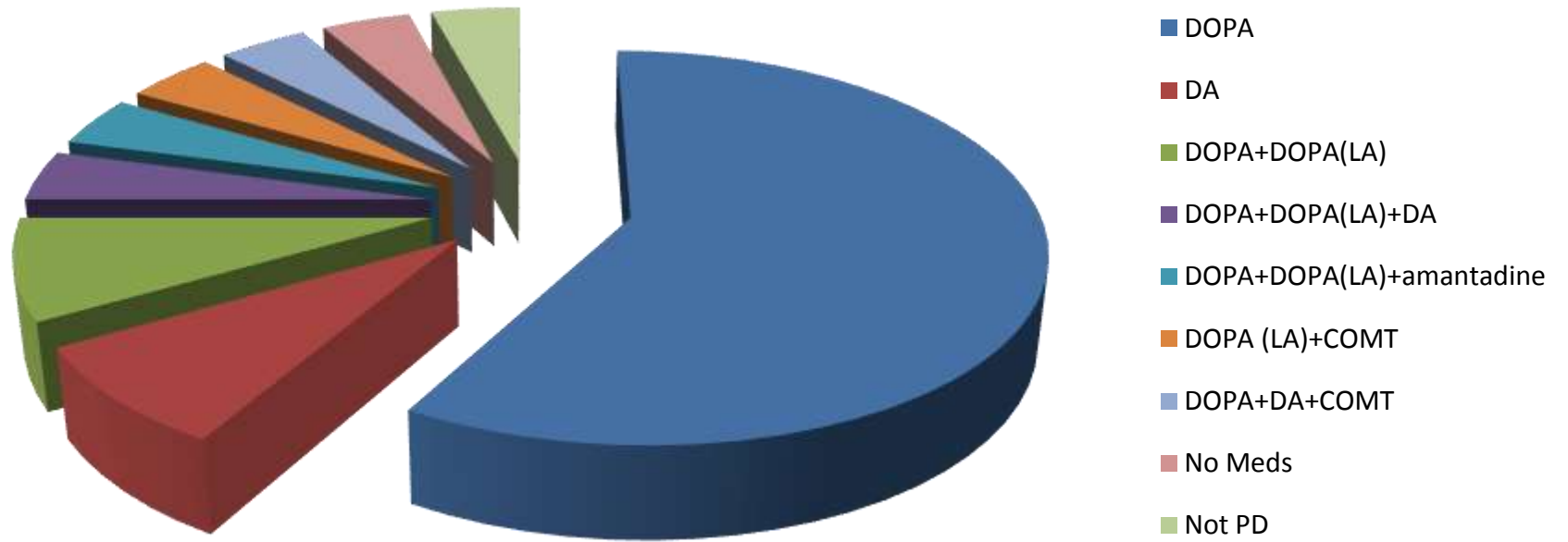
# Case Mix

- Average age 85
- 9 male, 16 female
- Predominantly orthopaedic patients
- Wide variation of presenting complaints
- Wide variety of drug regimens
- Average LOS 17.4 days



# Drugs

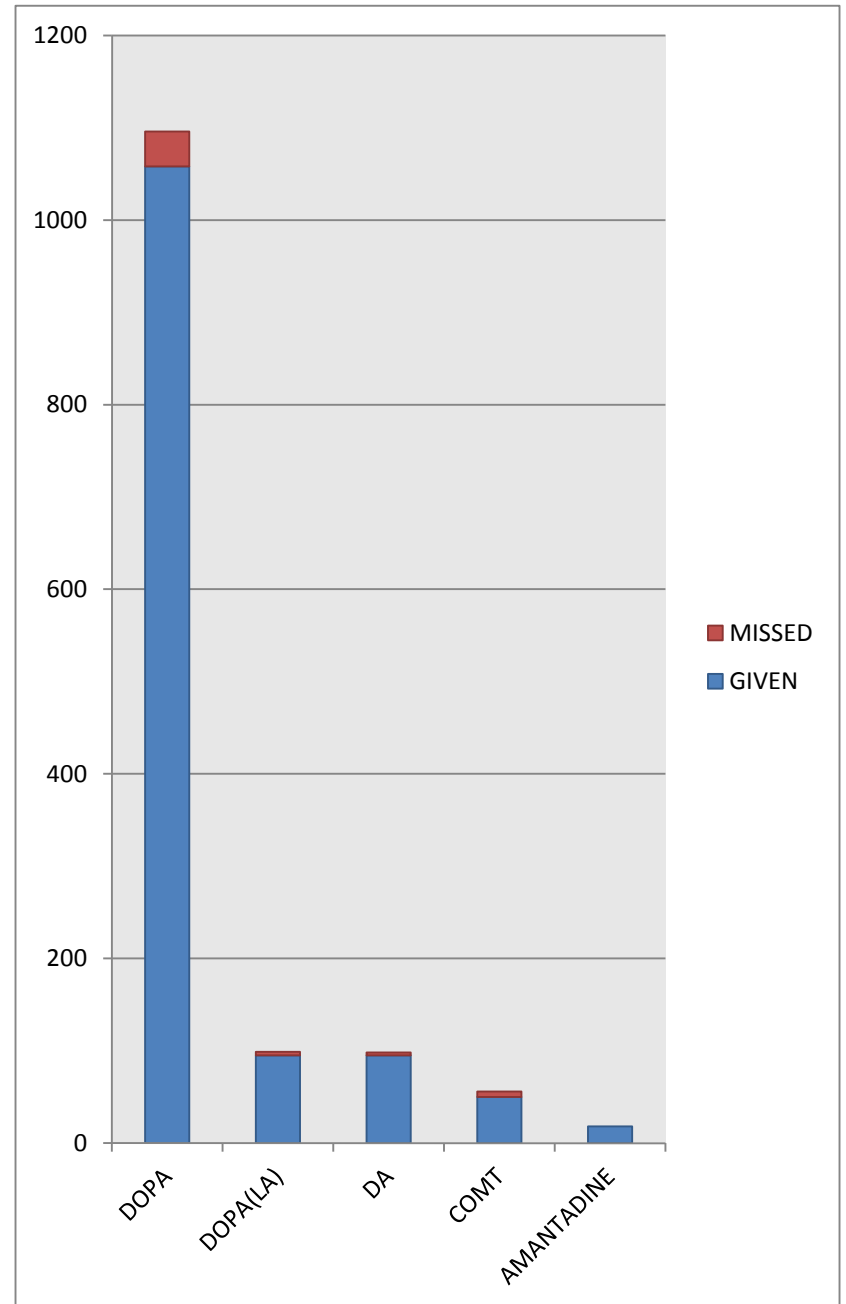
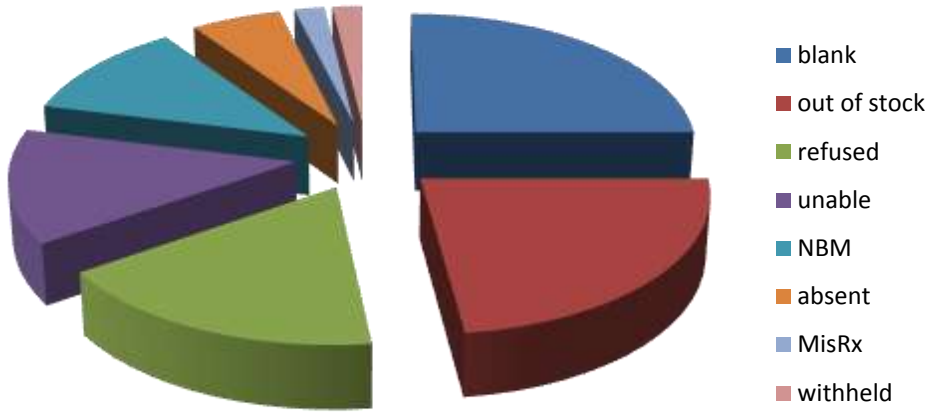
- Most patients on single agent Sinemet/Madopar
- 2 patients on no meds
  - One case had recently had all meds stopped ? Why
  - One was vascular Parkinsonism
- All charts had give on time stickers
- Reasonably good adherence to regimens
  - 1316 total doses to be given
  - Only 51 missed (3.7%)



DOPA	14
DA	2
DOPA+DOPA(LA)	2
DOPA+DOPA(LA)+DA	1
DOPA+DOPA(LA)+amantadine	1
DOPA (LA)+COMT	1
DOPA+DA+COMT	1
No Meds	1
Not PD	1

# Missed doses

- Reasons for omissions disappointing
  - Largest group were blank entries on chart
  - “out of stock” still happening
- All drugs missed are available 24/7
  - Emergency drug cupboard
  - On call pharmacy
  - Supply on one of the elderly care wards
- All refused were in delirious patients
  - Should a patch have been considered?
- Bridging Rx was only used once
  - Rotigotine patch
  - There were other cases where it was appropriate



	GIVEN	MISSED	%
DOPA	1058	38	3.5
DOPA(LA)	95	4	4.0
DA	95	3	3.1
COMT	50	6	10.7
AMANTADINE	18	0	0.0
	1316	51	3.7



# PD Nurse

- PD nurse saw every patient that was referred
  - 48% of patients were referred
  - Referrals mainly made via SaLT and physio
- On average they were visited first on day 5 and had 2 visits during the admission
  - All were seen within 24 hours of referral
- All plans from PD nurses were carried out by the team
  - Mainly reinforcing medication regimens and delirium management/avoidance
- Average of 0.2 visits per bed day
- PD nurses feel they are underutilised by surgical teams
  - They have capacity to give more input

# Discharge

- 13 patients discharged to previous residence
- 2 patients went to rehab
- 1 patient was repatriated to another hospital
- 1 patient was transferred to KCH for Rx
- 4 patients needed an increase in care (RH/NH)
- 4 patients died

# Concerning Cases

- Case 1
  - Elderly patient on EOL care for bowel obstruction
  - All meds stopped as suffering from terminal delirium
  - Potentially could have had better QOL in last days with parenteral treatment?
- Case 2
  - Post op #NOF patient with hypoactive delirium
  - “unable to take meds” due to delirium
  - Rotigotine patch was suggested day before patient died
- Case 3
  - Post op #NOF patient with hypoactive delirium
  - 72 hours with intermittent meds due to inability to swallow
  - Commenced on rotigotine patch and recovered within 24 hours

# Discussion

- Generally good practice
  - Good awareness of need for drugs to be given
  - Orthopaedics make good use of PD nurse service but in general the service is underused
  - Very few gaps in Rx due to NBM
  - Use of bridging Rx in case of severe delirium
- Some cause for concern
  - Better understanding of delirium required
  - Still meds are being missed for reasons which shouldn't happen
  - At least two cases where bridging therapy was not used when it should have been
  - Both especially concerning as regarding EOL care
  - The vast majority of missed doses were drugs that are available 24/7