

Sample Care Plan for a Person with Parkinson's

Residents Name:	Health Professionals:	Names:	Contact Numbers:	Email/Fax:
	Neurologist:			
	Gerontologist:			
DOB:	GP:			
	Parkinson's Nurse:			
Allergies: HALOPERIDOL, MAXOLON & STEMETIL				
Realm	Identified Problem	Intervention	Strategy	Goal
Medication	<ul style="list-style-type: none"> • Time • Self medication • Complex medication: <ul style="list-style-type: none"> - Apomorphine - Duodopa - DBS • Be aware of fluctuations throughout the day • Neupro patch application 	<ul style="list-style-type: none"> • Medications on time every time • Allow self medication if appropriate • Staff education • Pharmacy review • Ensure battery is charged • Medication ½ hour before meals • Monitor Neupro patch for skin reaction, change at the same time everyday, rotate application and press for 30 secs to apply • Ask pharmacist to pack in hot pink Webster pack 		
Cognitive Impairment	<ul style="list-style-type: none"> • Anxiety • Panic attacks • Hallucinations • Forgetfulness • Reduced concentration levels • Mood swings • Depression • Confusion 	<ul style="list-style-type: none"> • What has worked for the family • Follow up appointment with neurologist or gerontologist • Pharmacy review • Allow time to complete assessments(due to slowness of thought) • Medication on time every time 		

Note: This Care Plan has been developed in compliance with Standard 3 of the Aged Care Quality and Safety Commission's latest Quality Standards

Realm	Identified Problem	Intervention	Strategy	Goal
Cognitive Impairment (cont.)	<ul style="list-style-type: none"> • Impulsiveness • Apathy • Features of Dopamine Dysregulation Syndrome • Repetitive behaviours:sexual inappropriateness, gambling fixations, hoarding and punding 	<ul style="list-style-type: none"> • Mindfulness, treat depression, exercise program, medication review, e.g. Sifrol and behaviours 		
Sleep	<ul style="list-style-type: none"> • No problems • Wakes frequently • Does not sleep • Daytime sleepiness • Falls asleep when eating or talking to others <ul style="list-style-type: none"> □ Severe □ Mild • Nocturia • Restless legs • REM sleep disorder 	<ul style="list-style-type: none"> • Night time routine • Night time hygiene • Afternoon nap in bed not sitting a chair • Has medication been given on time? • Elevate head of bed due to nocturia • Neupro patch and sleeping tablets 		
Pain	<ul style="list-style-type: none"> • Pain identified • Cause? PD or other • Medication wearing off • Neurogenetic pain 	<ul style="list-style-type: none"> • Pain assessment • Review of previous pain management • Medication review • Consider referral to pain specialist for CBD oil • Review by GP 		
Continence	Urinary <ul style="list-style-type: none"> • Continent • Stress Continence 	<ul style="list-style-type: none"> • Independent • Some assistance 		

Note:This Care Plan has been developed in compliance with Standard 3 of the Aged Care Quality and Safety Commission's latest Quality Standards

Realm	Identified Problem	Intervention	Strategy	Goal
Continence (cont.)	<p>Urinary (cont.)</p> <ul style="list-style-type: none"> • Retention, urge frequency • Compromised mobility • Nocturia <p>Bowel</p> <ul style="list-style-type: none"> • Continent • Frequent episodes of constipation • Incontinent <p>DIARRHEA MAY BE OVERFLOW FROM IMPACTION</p>	<ul style="list-style-type: none"> • Increase fluids and assess risk for dehydration • Requires regular toileting as discussed with family • Monitor daily - check against Bristol stool chart • Aperients as ordered (Movicol) • Increase fibre as tolerated • May need GP to review 		
Motor	<ul style="list-style-type: none"> • Rigidity • Tremor • Impaired balance • Shuffling gait • Freezing • Falls • Dyskinesia • "on/off" • Postural Hypotension • Numbness • Decreased blinking 	<ul style="list-style-type: none"> • Allow time • Use of aids as required • Strategies as discussed with family in relation to freezing of gait • Monitor "on/off" • Monitor BP standing and lying (allowing time for postural drop) • Frequent eye toilet/drops as ordered/required 		
Nutrition	<ul style="list-style-type: none"> • Drooling • Dehydration • Weight loss • Weight gain 	<ul style="list-style-type: none"> • Assessment by Speech Pathologist • Dietitian • Increase fluids (?thickened) 		

Note: This Care Plan has been developed in compliance with Standard 3 of the Aged Care Quality and Safety Commission's latest Quality Standards

Realm	Identified Problem	Intervention	Strategy	Goal
Nutrition (cont.)	<ul style="list-style-type: none"> • Swallowing problems • Slowness of eating • Problem using utensils • Choking problems occasionally <ul style="list-style-type: none"> - when drinking water - cup of tea - eating a biscuit 	<ul style="list-style-type: none"> • Encourage swallowing to reduce drooling • Monitor for URTI (at risk of aspirate pneumonia) • Time to complete meal • Mouth care 		
Communication	<ul style="list-style-type: none"> • Masked face • Soft voice (Hypophonia) • Festination (similar to stuttering) • Rapid speech • Slowed speech • Micrographia 	<ul style="list-style-type: none"> • Assessment by Speech Pathologist • Speak louder • Allow time to respond • Use of technology • Strategies employed by family • Encourage singing to strengthen vocal chords 		

Note: This Care Plan has been developed in compliance with Standard 3 of the Aged Care Quality and Safety Commission's latest Quality Standards



Note: for more information contact Parkinson's NSW INFOLINE: 1800 644 189

