

Hospital Check List / Respite Form

I have Parkinson's and I have specific problems with the items listed below:-

MEDICATION:

- My medication routine has been carefully planned and the time of my tablets is very important for managing my symptoms.
- Medication delays can make my symptoms worse, leading to rigidity and pain.
- If my medications are on time, it will mean my shower and personal care will be easier.

AMBULATION:

- I use a walking stick / walking frame.
- Sometimes I lose my balance or feel dizzy when I get up quickly. Checking my blood pressure when lying and standing may help. Encourage me to drink my fluids (if not restricted).
- I may have freezing episodes. If this occurs counting 1, 2, 3 or help me imagine going upstairs can help me get moving again.
- Please do not rush me – it can make me anxious and actually slow me down.

ELIMINATION (bowels & bladder)

- I have urinary problems; frequency, urgency or incontinence.
- I have night time bladder issues; specify (eg: urinal required by bedside).
- I have constipation and require regular aperients, extra fibre in my diet or as a supplement.
- I need to be encouraged to drink 2 litres of fluid a day.

COORDINATION:

- I have trouble turning in bed.
- I have slow movements.
- I may have difficulty opening small food containers, juice and milk cartons.

EATING & SWALLOWING:

- Am a very slow eater.
- I need a special diet.
- I need my food cut up.
- It is important I have my medications prior to my meals.

SLEEPING:

- I have trouble getting to sleep.
- I may have sweating at night; this can be anxiety induced or changes in my autonomic system.
- I may have vivid dreams and can experience extra movements when I sleep.

PLEASE MANAGE MY PAIN:

- Getting my Parkinson's medications on time may avoid pain and stiffness.
- Analgesics may not help if I have pain from muscle rigidity or dystonia.
- Referring me to a physiotherapist may also help.