

# My Parkinson's Management – Care requirements Information for hospital and respite care

Tick the check boxes and add information relevant to your symptoms. Share this form with your care provider upon admission to hospital or respite.

Providing information about Parkinson's and how it affects you can help ensure your symptoms can be continue to be appropriately managed in the hospital/respite care environment.

## Information for Medical and Healthcare Staff:

I have Parkinson's and wish to alert you of my specific needs in preparation for my stay in hospital / respite.

**Parkinson's has a range of complicated and diverse motor and non-motor symptoms specific to each individual living with the disease.**

I have ticked the boxes below relevant to my Parkinson's symptoms. Please ask me or my carer/support person questions for further clarification if needed.

Thank you for your understanding and support

## Medication:

- My medication routine has been carefully planned by my specialist. Timing of my medication is vital for managing my symptoms
- Medication delays can make my symptoms worse and may lead to rigidity and pain
- I would like myself and/or my carer to self-administer my Parkinson's medication
- I have a pill timer for my Parkinson's medication
- Avoid crushing my medications as it may alter the rate of absorption
- If my medications are provided on time, my personal care will be easier.

## Mobility and Movement:

- I use a walking stick / walking frame / other (specify):  
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- 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 have slow movements. Give me time when I am walking, talking and eating

- I may have freezing episodes where I struggle to initiate movement. Counting 1, 2, 3, OR helping me imagine going upstairs OR other another strategy (specify):

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can help me get moving

- I have trouble turning in bed
- I may have difficulty opening small food containers, juice and milk cartons
- Please do not rush me – it can make me anxious and actually slow me down

### Elimination (Bowels and Bladder)

- I have urinary problems, frequency, urgency and/or incontinence
- I have night time bladder issues; (specify) (eg: urinal required by bedside)

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- I have constipation and require regular aperients, extra fibre in my diet or as a supplement
- I need to be encouraged to drink two litres of fluid a day

### Eating and Swallowing:

- I am a very slow eater
- I need special dietary requirements for swallowing issues
- I need modified utensils to eat and/or drink

- I need my food cut up
- It is important I have my medications prior to my meals

**NB Care staff:** \*Refer to a dietitian if loss of weight or reduced appetite

\*Refer to a speech pathologist if coughing / choking

### Sleeping:

- I have trouble getting to sleep, strategies that help include:

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- I sweat at night; strategies that help include:

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- I may have vivid dreams and can experience extra movements when I sleep.

### Communication:

- I experience difficulty finding the right words
- I talk slowly and need time to respond to your questions
- Parkinson's affects my facial muscles so my emotions can be difficult for others to interpret
- My voice is quiet and tires easily
- My partner/carer/support person must be included in decision-making conversations

