

Parkinson's patient on home Apomorphine infusion via APO-Go® pump (i.e. continuation of usual treatment)



Inform specialist PD team of patients admission:

Dr Sally Jones (via switchboard) and / or Maggie Johnson / Debby Liberato (PD CNS) on 0121 466 6183

- If the patient/carer is well enough and able to continue to set up their own apomorphine pump (APO-Go® pump device) - they should be asked to **CONTINUE** doing this whilst an inpatient
- Inform PD CNS (Maggie Johnson/ Debby Liberato) who will come to the ward and provide training to staff
- Prescribe on EP as 'syringe driver see separate sheet' and then write details on paper syringe driver prescription

- If the patient is **NOT** well enough to set up their own apomorphine (APO-Go®) pump device or if nursing staff are not confident that the patient can safely do this:
 - Use the Alaris GH® pump with *guardrails* **INSTEAD** of the patient's own device; patients can be converted to the hospital Alaris pump at any time (even if part way through their own pump) if for any reason, nursing staff are not confident that the patient is able to safely care for their own pump
 - Order APO-Go® apomorphine prefilled 10ml syringes (5mg per mL) from pharmacy
 - Put the contents of the Apo-Go® 10ml syringe into an empty 50mL syringe ready for use in the Alaris GH® pump; some patients may need more than 1 syringe of APO-Go® placed into the empty 50mL syringe (See Box 1)
 - **DO NOT** add any other drugs to the syringe and **DO NOT** dilute; the pump will function with small volumes of fluid
 - Ensure that the patient gets the same milligrams (mg) per hour as with their own pump (**see Box 1**)
 - Each patient will be on a different dose and rate of apomorphine; they will usually know this in mL/hour for their APO-Go® pump at home; this needs to be converted to mg / hour for Alaris pump (**see Box 1**)
 - Set VTBI (volume to be infused); pump is usually used during waking hours only e.g. 08:00-22:00 (14 hours); pumps set at higher rates may be on for fewer hours (**see Box 1** for conversion)
 - Ensure deep subcutaneous and horizontal insertion (about 45°) of needle in lower abdomen or outer thigh
 - Discard any apomorphine left in the pump at the end of the day i.e. at 22:00
 - Change the infusion site every day and massage the skin after removing the pump to prevent nodule formation

Monitoring / Cautions:

- may cause hypotension, especially when first initiated (give IV fluids and lie patient flat)
- may cause vomiting (give domperidone, rectal preparation if necessary)
- caution in cardiac disease, postural hypotension or vasoactive medications (check with PD team first)
- hourly BP / HR and monitoring of PD symptoms including mental state (delirium may occur) after any dose changes or if unwell, until patient is stable; **call PD team for advice if any concerns**

BOX 1: Conversion chart for changing patient's own Apo-Go® pump to hospital Alaris GH® pump

mL / hour (patient's pump)	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	2.0
mg / hour (for Alaris® pump)	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0	6.5	7.0	7.5	8.0	8.5	9.0	9.5	10.0
VTBI (mL) for 08:00-22:00	5.6	7.0	8.4	9.8	11.2	12.6	14.0	15.4	16.8	18.2	19.6	Max daily dose is usually 100mg per day. For patients on greater than 7.5mg per hour, set the VTBI at 20ml unless advised otherwise by PD team.					
no. of APO-Go® syringes needed	1	1	1	1	2	2	2	2	2	2	2						