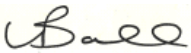
STANDARD OPERATING PROCEDURE (SOP)

Department:	**Division of Medicine** **Care of The Elderly**			
SOP Ref No:				
SOP Title:	**Administration and Discharge Process for Patients receiving Foslevodopa/Foscarbidopa (Produodopa®)**			
	NAME	**TITLE**	**SIGNATURE**	**DATE**
Author/ Reviewer:	**Stephanie France**	**Lead Pharmacist – Parkinson's Disease**		**19.09.25**
Approved by:	**Lorna Ball** **Dr Rekha Ramanath**	**Divisional Nurse – Medicine** **Consultant in Elderly Medicine**		
Issued to:	This SOP is only to be used in agreed care of the elderly ward areas at DRI.			

	Effective Date:	**11 June 2025**
	Review Date:	**August 2026**

CHANGE/AMENDMENT HISTORY:

Record of changes: (latest version number to be listed first)

Version No	Effective Date	Brief Summary of Changes	Author
Version 1	August 2025	• This is a new procedural document, please read in full.	S. France

1 INTRODUCTION

This Standard Operating Procedure (SOP) is intended to inform and standardise practice and outline the correct management in relation to Produodopa®. This SOP will describe the procedure to follow whilst undertaking the care and management of those patients having Produodopa® in accordance with best practice. This details the services and support patients can expect when they are being considered for treatment.

Background

After 5 years of treatment with levodopa up to 50% of patients can experience motor fluctuations and dyskinesia [1]. Symptoms such as these are unique to levodopa and not caused by other treatments. In younger onset patients with Parkinson's disease (less than 50 years) they are a frequent occurrence when patients are started on this therapy [1, 2].

Patients initially experience a relatively even response to levodopa when commenced. However, as the condition progresses, they begin to experience episodes of 'wearing off' and patients start to anticipate their next dose [1, 2, 3]. Observational studies have shown that early in the disease the dopamine nerve terminals are able to store and release the dopamine. As the condition advances the nerve terminals become less able to store dopamine and produce it making patients become more reliant on medication [4]. The plasma levels therefore fluctuate erratically due to the half-life of the medication (around 90 minutes) and due to declining gut motility [4].

Motor fluctuations are described as periods of "on" when the patient has a good response to the medication and episodes of "off" when they develop some features of the underlying Parkinsonism.

Dyskinesia is the term used for abnormal involuntary movements [2, 3]. In patients with Parkinson's disease, they tend to occur after long term treatment with levodopa. They can be choreiform (repetitive and rapid, jerky involuntary movements) or dystonic (involuntary muscular contractions leading to twisting and repetitive movements). They have three main patterns [3, 4]:

- **Peak-dose dyskinesia:** These occur in the "on" state when the levodopa levels are at their highest. They tend to be the choreiform type.
- **Off dose dyskinesia:** These occur when levodopa levels are at their lowest. They tend to be more fixed and often painful postures (dystonia)
- **Biphasic dyskinesia:** A combination of the above.

In patients with levodopa responsive Parkinson's disease who develop motor complications which compromise their quality of life there are a number of device assisted therapies that could potentially be considered. These are:

- Continuous subcutaneous Apomorphine Infusion
- Continuous subcutaneous Foslevodopa/Foscarbidopa (Produodopa®)
- Continuous Intestinal infusion Levodopa, Carbidopa monohydrate (Lecigon®)

- Continuous Levodopa-carbidopa Intestinal Gel (Duodopa®)
- Deep Brain Stimulation (DBS)

These medications are useful for reducing "off" and increasing "on" time without the troublesome dyskinesias. There is no evidence that they slow the progression of the underlying neurodegenerative process.

Produodopa® is administered via a purpose-built pump (VYAFUSER™) and subcutaneous line over a 24-hour period at variable rates adjusted by the user. It thus bypasses the stomach and hence avoids the effects of delayed/slowed gastric emptying which commonly occur in patients who have Parkinson's disease [4]. The treatment is administered by the patient or carer with dosage and rate of the pump determined by the relevant Parkinson's team according to clinical effect. The continuous infusion has been shown to provide improvement mean daily normalised 'ON' time without troublesome dyskinesia and significant reduction in mean daily normalised 'OFF' time when compared with immediate release levodopa/carbidopa formulation at 3 months [5].

Produodopa® was approved by NICE in 2023 (TA934) [6] and the All-Wales Medicine Strategy Group (AWMSG) [7].

NICE recommends the treatment as an option for treating advanced levodopa-responsive Parkinson's in adults whose symptoms include severe motor fluctuations and hyperkinesia or dyskinesia, when available medications are not working well enough only if [6]:

- They cannot have Apomorphine or Deep Brain Stimulation, or these treatments no longer control symptoms, and
- The company provides foslevodopa-foscarbidopa according to commercial arrangement

2 ROLES AND RESPONSIBILITIES

Patients will be assessed by the consultant geriatrician who will liaise with the rest of the multi-disciplinary team (MDT). The MDT will consist of:

- Consultant Geriatrician
- Parkinson's Disease Nurse Specialist (PDNS)
- Pharmacist
- Therapist
- Consultant Neurologist – where applicable

Prescribing consultants will need to register for a Blueteq account. This can be done via local "super-users" based in pharmacy or finance departments.

Registration of patients

Upon selection of eligible patients the following steps will be completed

Consultant Geriatrician

- Consent the patient to treatment and document this, explaining the involvement of HealthNet nurses and delivery of medication to the home and visits
- Where required, ensure appropriate support network at home for on-going administration set-up
- Decision with patient on admission in "on" or "off" state
- Decision on dose to initiate on using levodopa equivalents (LE) as set out in the SPC
- Complete HealthNet Produodopa® referral documents/prescription/ancillary requirements (and size) and send to Pharmacy department FAO Lead Pharmacist Care of Older People
- Written confirmation to the MDT of agreement to initiate treatment and if necessary who will support the patient with administration. Include documentation of initiation doses (including loading dose, alternative infusion rates and extra dose options)
- At least **four weeks notice** is required by healthnet to arrange delivery of products
- Liaise with COTE secretary and ward manager to arrange admission date (Tuesdays) in line with product availability.
- Register patient with Blueteq
- Determination of rescue medication doses
- Notify GP of agreement to initiate treatment – inform GP that localised skin reactions will be handled by PD nurses with GP support
- Update GP with each dose change and therefore change rescue dose information and supplies
- Provide pharmacy with new prescriptions when planning a dose change

Lead Pharmacist Care of Older People

- Liaise with Healthcare at Home Pharmacy team to order device and medication
- Confirm availability for admission date
- Support patient and team during admission

Parkinsons Disease Nurse Specialist

- Confirm with patient which ancillary products (and size) are required – inform pharmacy

HealthNet Homecare Team

- A nurse will visit patient in hospital at initiation as informed by registering healthcare professional (HCP)

- A nurse will visit the Patient at home with up to two face to face visits at the request of the HCP
- Provide a telephone clinical helpline

Ward Manager / COTE secretary/Frailty ACP

- Inform PDNS, COTE pharmacist and SPR of expected date admission to Kestrel ward (Tuesdays)

3 SPECIFIC STANDARD OPERATING PROCEDURE

Prior to initiation eligible patients should have the following baseline investigations:

- Blood tests
    - FBC, U&E, LFT, B12, Vitamin D – requested by the Consultant
- ECG

Eligible Patients

- Patients should be capable of understanding and using the drug delivery system or with assistance from a caregiver
- Advanced levodopa-responsive PD with severe motor fluctuations, including significantly disabling off periods and/or dyskinesia that have not responded satisfactorily to available combinations of PD medications
- The patient should not be disabled by symptoms unlikely to respond to levodopa
- Disease course of at least 5-years thereby reducing likelihood of atypical Parkinson's such as PSP or MSA.
- Further reasonable drug therapeutic options are contraindicated due to comorbidities or late-PD disease complications.
- Unable to tolerate or unsuitable for Apomorphine (ensure an Apomorphine challenge has been discussed).
- Unsuitable for DBS, has refused to consent for DBS or DBS has failed

Ineligible Patients
The presence of one or more of the following would exclude Produodopa® treatment:

- Significant dementia
- Significant psychotic symptoms
- Significant co-morbidities that are likely to compromise the potential benefit of Produodopa®
- The presence of any contraindication as detailed in the Produodopa® summary of product characteristics (SPC).

- Lack of social support / appropriate carer to administer the Produodopa® if appropriate.

For further information the product literature should be consulted
Produodopa 240 mg/ml + 12 mg/ml solution for infusion - Summary of Product Characteristics (SmPC) - (emc)

Day before Admission for Initiation –

The ward manager confirms with pharmacy that the Produodopa and ancillaries are available.

Day of Admission for Initiation – Tuesday mornings

Patients will be admitted in the morning to Kestrel under the care of Dr Oates or Dr Ramanath. They will be clerked by Frailty ACP or doctor following dose initiation advice on referral letter from the consultant. The processes below should be followed during admission:

Initiation should follow the schedule

Day	Event
1	Admission to ward in morning. Consent & clerking by ACP or doctor. Baseline monitoring reviewed. Conversion of patients' oral regimen to LE Produodopa® monotherapy. Patient (& or caregiver) training undertaken by HealthNet and PDNS & Checklist completed. Prescribe Produodopa® Pump Commenced. Observation of response Supply of 'rescue' medication
2	Patient reviewed by consultant & team. Patient (and/care giver) demonstrates to the team (HealthNet and Pharmacy) the basic pump features and how to load the pump. Titration of the Produodopa® occurs to provide the best "on" with minimal dyskinesia. Patient stable and discharged with ONE WEEK 'rescue' medication and aware of emergency numbers to call. Patient aware of dates of visits / contact from HealthNet team

3	Discharge letter to GP (detailing which medication is stopped & what is rescue medication). Discharge letter to PDNS Discharge letter to include planned follow up with PD team Consultant to provide maintenance prescription to pharmacy
Within 7 days	Receive one face to face visit from HealthNet
When necessary	Dose adjustment – complete form and inform pharmacy to email a copy to HealthNet Decision and supply of any necessary new dose 'rescue' medication Inform GP, PDNS & hospital pharmacist of changes to both **Ensure any non DRI clinic letters are also uploaded to medicsec**

Discontinuation

The issue of potentially being a non-responder should be discussed with both patients and relatives before Produodopa® is commenced.

Patients may initially respond in the initial phase of treatment, but in midterm or long term demonstrate little or no effect. The Produodopa® therapy will be regularly reviewed in the first 12 months by the Parkinson's team according to the schedule.

Those patients who commence Produodopa® therapy and are subsequently found to meet the stopping criteria (see below) will be returned to oral therapies with potential alternatives discussed.

Abrupt withdrawal of levodopa should be avoided given the risk of Neuroleptic-like malignant syndrome (sometimes called Parkinson's Hyperpyrexia Syndrome) and Rhabdomyolysis. Any withdrawal of therapy will need to be discussed and lead with the relevant Parkinson's team.

Stopping Criteria

- Where patients fail to derive clinical benefit as defined by UPDRS (and discussion with the patient, carers and other health professionals.
- Where the patient develops unacceptable side-effects (see summary of product characteristics and latest BNF)
- Loss of ambulation[1]

- The development of significant psychosis or dementia – this should prompt careful review by the multidisciplinary team.
- Patient preference
- Hardware issues for example: Continued line blockages; continued pump breakages deemed due to lack of due care.

The treatment can be discontinued at any time

[1] Unless there are other significant extenuating reasons for continuation such as severe painful dystonia unresponsive to other therapy. Other criteria will be at the treating clinician's discretion with decisions made in conjunction with other members of the MDT. Treatment will continue until the lead clinician judges that there is insufficient clinical improvement to justify on-going therapy.

Long term Follow Up

Once the effect of Produodopa® has been stabilised it is anticipated that patients will be followed up at the intervals stated by the consultant geriatrician. This will be documented in letters to the GP.

Evaluation of hepatic, haematopoietic, cardiovascular and renal function is recommended during extended therapy. This will be at least annually but may be more frequent at the discretion of the Consultant geriatrician. An ECG should be performed every 12 months and particularly in those with known cardiac issues. Other side-effects are stated in the summary of product characteristics.

The Vyafuser® pump will be recalled for service every three years by the company unless a fault develops during this time. Faulty pumps will be replaced by the company. See flowchart below for contact details

The line sites will also be reviewed at each clinic visit, the frequency change will be dependent upon the patient as per initial training requirements (24 – 72hourly).

It is recognised that Psychiatric disorders may be overlooked due to severe motor deficits. After the initiation of therapy, they may become more apparent. Patients should be monitored for the development of impulse control disorders. Both patients and carers should be made aware that behavioural symptoms of impulse control disorders including pathological gambling, increased libido, and hypersexuality, compulsive spending or buying, binge eating, and compulsive eating can occur. The Parkinson's team should be mindful of this during each patient encounter.

Hospital Admissions / Emergency Issues

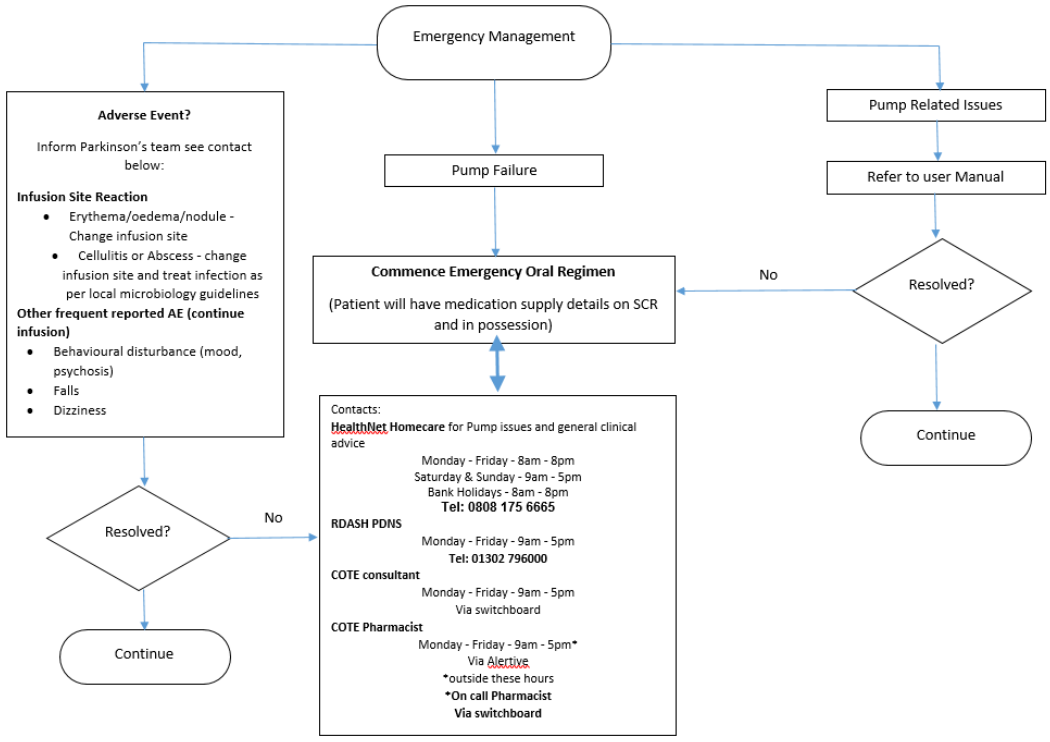
If a patient on Produodopa® gets admitted to hospital for reasons unrelated to the pump or Parkinson's disease, they should continue their Produodopa® infusion un-interrupted whenever possible. The patient and their carer will be familiar with their pump and dosage.

For technical support with the pump staff looking after the patient can contact the HealthNet Homecare helpline. This additional support is provided via the dedicated telephone helpline and may be escalated to video calls and visits where appropriate

If for any reason Produodopa® supply is interrupted and this cannot be addressed (e.g. overnight emergency admission) an emergency oral rescue regimen of equivalent dose of oral levodopa should be prescribed. This should be detailed on SCR and clinic letters (and may be carried with the patient). The oral total dose of equivalent of levodopa can also be calculated based on the Produodopa® hourly infusion rate (ml/h) administered over 24 hours.

Patients should supply their own stock of Produodopa for in-patient use. DBTH will have a small stock holding of Produodopa for emergency admisisons for patients unable to initially supply.

The following flow chart can be followed for emergency management of patients.



Internal and External References:

[1] Olanow CW, Watts RL, Koller WC An algorithm (decision tree) for the management of Parkinson's disease (2001): treatment guidelines. Neurology. 2001;56 (11 Suppl 5): S1.

[2] Edwards MJ, Stamelou M, Quinn N, Bhatia KP. Parkinson's Disease and Other Movement Disorders. 2nd edition. Oxford University Press 2016.

[3] Galvez-Jimenez N, Fernandez HH, Espay AJ, Fox SH. Parkinson's Disease. Current and Future Therapeutics and Clinical Trials. Cambridge University Press. 2016.

[4] Nyholm D, Lennernas H, Gomes-Trolin C, Aquilonius SM. Levodopa pharmacokinetics and motor performance during activities of daily living in patients with Parkinson's disease on individual drug combinations. Clin Neuropharmacol. 2002; 25 (2): 89-96.

[5] Soileau M.J., Aldred J, Budur K, et al. Safety and Efficacy of continuous subcutaneous foslevodopa-foscarbidopa in patients with advanced Parkinson's disease: A randomised, double-blind, active controlled phase 3 trial. Lancet Neurol 2022; 21: 1099-109.

[6] National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ta934. Accessed 10th August 2024.

[7] All Wales Therapeutics and Toxicology. Ref 4661. https://awttc.nhs.wales/accessing-medicines/medicine-recommendations/foslevodopa-foscarbidopa-produodopa/. Accessed 10th August 2024.

[8]Electronic Medicines Compendium. https://www.medicines.org.uk/emc/product/15213/smpc. Accessed 10th August 2024

[9] Abbvie : Produodopa® https://www.abbviepro.com/gb/en/neuroscience/parkinsons/products/produodopa-home.html

Acknowledgements

Dr James Bolt for sharing the SOP for Cwm Taf University Health Board for local adaption, Abbvie Pharma and HealthNet Home Care.

Salford Care Organisation for sharing their SOP for local adaptation.

Appendix 1: Produodopa Check List

Patient Name:	Contact Details:	
ADDRESSOGRAPH	Telephone Number (Home)	
	Mobile Phone Number	
	e-mail Address	

SCORES	Completed (tick box ☑)
Non-Motor Symptom Score (NMSS)	☐
Unified Parkinson's Disease Rating Scale (UPDRS)	☐
Hoehn and Yahr Score	☐
Hospital Anxiety Depression Score (HADS)	☐
Parkinson's Disease Questionaire (PDQ-39)	☐
Cognitive: (MoCA ☐ or ACE III ☐ or Mini ACE ☐)	☐
Parkinson's Disease Sleep Score (PDSS)	☐

BLOOD TEST	Completed (tick box ☑)
Full Blood Count (FBC)	☐
Urea & Electrolytes (UE)	☐
Liver Function Test (LFT)	☐
Vitamin B_{12}	☐
Vitamin B_6	☐
Vitamin D	☐
ECG	☐

OTHER	Completed (tick box ☑)
'on' & 'off' diary for 3 consecutive days	☐

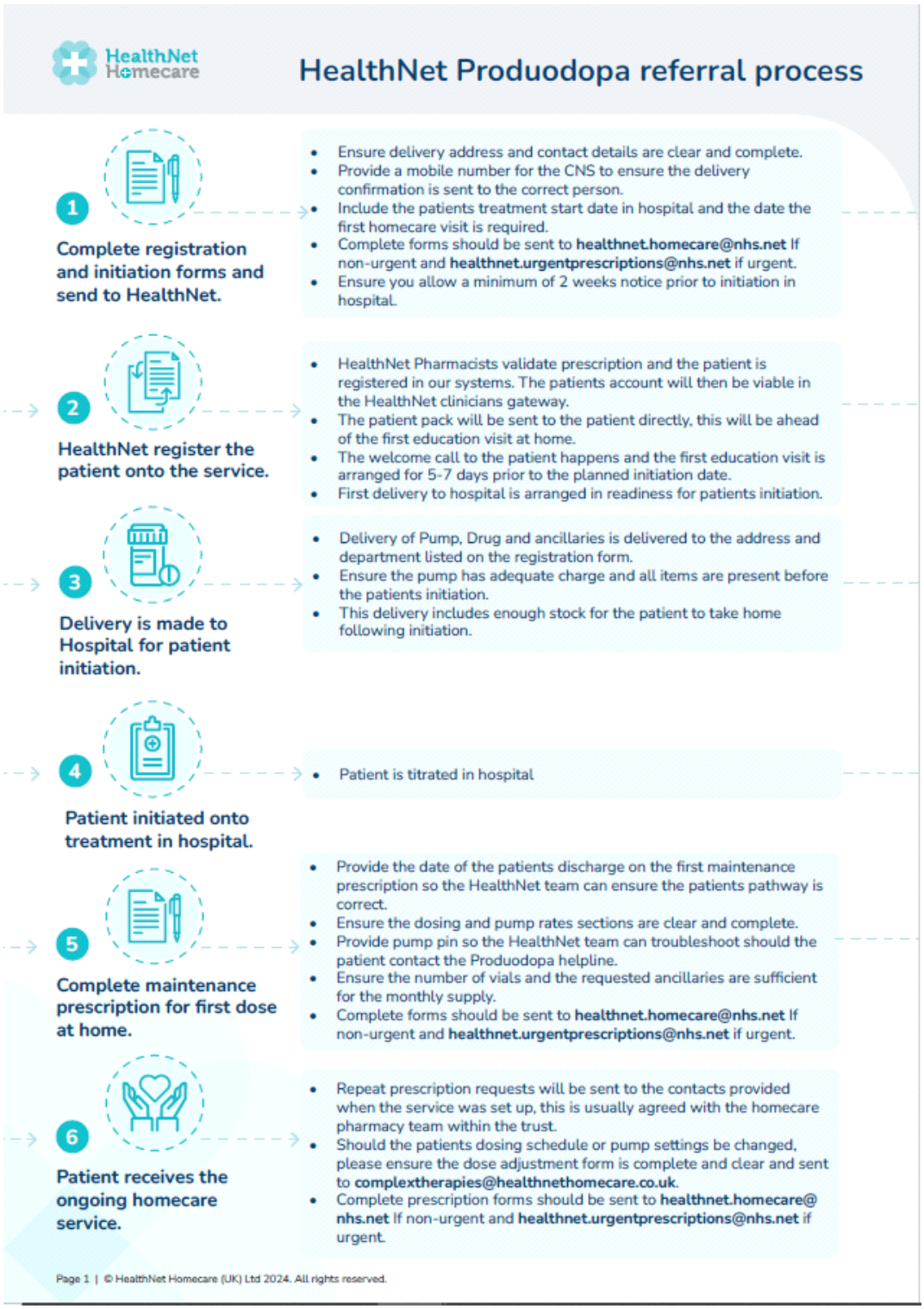
Notes:

Appendix 2: Blueteq registration form

NHS England - Initial Funding Application – Foslevodopa–foscarbidopa for treating advanced Parkinson's with motor symptoms (TA934)			
Patient NHS No:		**Trust:**	
Patient Hospital No:		**Practice Code:**	
Patient's Initials and DoB:		**GP Postcode:**	
Choose Consultant:			
Consultant Name:		**Other Contact Details:**	
Notification Email Address:	(@NHS.net account ONLY)		
Treatment Start Date:			

Please indicate whether patient meets the following criteria:	**Please tick**
1. I confirm that the patient is an adult with advanced levodopa-responsive Parkinson's whose symptoms include severe motor fluctuations and hyperkinesia or dyskinesia.	○ Yes ○ No
2. I confirm that the patient cannot have apomorphine, or apomorphine no longer controls symptoms.	○ Yes ○ No
3. I confirm that the patient cannot have deep brain stimulation (DBS), or DBS no longer controls symptoms.	○ Yes ○ No
4. I confirm that the patient's eligibility has been agreed through a PD clinical network linked to a specialised neurosciences centre or designated PD MDT at a specialised neurosciences centre and it has been agreed that foslevodopa-foscarbidopa is the most appropriate therapy.	○ Yes ○ No
5. I confirm that the patient will receive the licensed dose and frequency of foslevodopa-foscarbidopa in line with its marketing authorisation.	○ Yes ○ No

Appendix 3: HealthNet referral process



Appendix 4: HealthNet Patient Registration Form

Private and Confidential (When Complete)

[Hospital Logo]

[Hospital Name, Street, Town, City, Postcode]

Produodopa (foscarbidopa, foslevodopa) HealthNet Homecare Medicine Service: Patient Registration

Homecare Provider: HealthNet Homecare **Therapy Area / Service:** Neurology

PATIENT, CARER and GP DETAILS					
Hospital number:				NHS number:	
Title		Forename:		Diagnosis:	Parkinsons Disease
		Surname:		Clinical lead Neurologist name:	Dr A Oates
Date of birth:				Clinical lead Neurologist phone:	01302 644645
Address: *(Address label can be affixed here)*				PD specialist nurse name:	Parkinsons Team
				PD specialist nurse phone:	03000218996
				Clinical pharmacist name:	S. France
Postcode:				Clinical pharmacist phone:	01302 644339
Gender:	Male☐ Female ☐			GP name:	
Preferred phone:				GP surgery:	
Alternative phone:				Parent/carer name:	
OK to leave a message?	Yes ☐ No☐			Relationship to patient:	
Email address:				Parent/carer phone:	
SERVICE REQUIREMENTS					
Registration status	New patient ☒ Switch provider ☐ Switch therapy☐				
Hospital Department and contact for Initial delivery (to cover a qty of 28 vials supply and Patient Materials to be delivered to Hospital)				Delivery instructions (includes cold chain items):	Deliver to Pharmacy Goods In, through gate, Doors directly in front under canopy
Hospital Delivery Address:	Doncaster Royal Infirmary Pharmacy Department, Gate 6, Dublin Road, Doncaster			Delivered F.A.O:	Steph France
Postcode:	DN2 5LQ			Delivery confirmation SMS to be sent to (mobile phone number):	
Hospital delivery required by:	Click or tap to enter a date.				
Patient's Home Address and contact for Subsequent Deliveries					
Delivery Address: *(If different from home address)*				Delivery may be received by:	Anyone at delivery address ☐ Specified Person(s) ☐
Postcode:				Specified person(s):- *Name & phone - Relationship to Patient*	
1st Patient delivery required by:	Click or tap to enter a date.				
ADDITIONAL CLINICAL SERVICE REQUIREMENTS					
Patient's Treatment start date in hospital:	(Required – please complete			Click or tap to enter a date.	
Patient's Pre-Initiation Education Visit:	(Required – please complete, this should be 5 to 7 days BEFORE patient treatment initiation)			Click or tap to enter a date.	
Date of First Nurse visit post initiation:	(Required – please complete, this should be within 7 days of the patient titration)			Click or tap to enter a date.	
Notes for the HealthNet Nursing Team: *Please use this box to provide any additional notes for the HealthNet Nursing team regarding your patients first homecare visit*					
REFERRING PHYSICIAN/HEALTHCARE PROFESSIONAL					
Ø I have discussed and provided sufficient information about the Homecare service to the above-named patient and the patient has agreed to the referral into the homecare service Ø I confirm that an appropriate home suitability assessment has been completed and that the patient is suitable for the homecare service ØI confirm I have informed the patient that this homecare service may be funded by a pharmaceutical company					
Signature:		Name: *(please print)*		Date:	
INVOICING DETAILS & ADMINISTRATIVE CONTACTS					
Invoice address: *(If different from hospital address)*	Pharmacy Homecare Team Bassetlaw Hospital, Kilton Hill Worksop			Invoice Contact name:	Pharmacy Homecare Team
				Contact phone number:	01909 571017
				Contact email address:	dbth.homecareinvoicing@nhs.ne
Postcode:	S81 0BD			Invoice account name:	
Homecare lead name:	Katherine Wood			Homecare lead phone:	01909 571017
Email address: *(for repeat prescriptions requests)*				stephanie.france1@nhs.net; a.oates1@nhs.net; dbth.homecare@nhs.net	

This Patient Registration Form must be forwarded with a valid prescription to the Hospital's Pharmacy Department (Homecare Team) prior to transmission to the selected Homecare Provider.

Homecare provider: HealthNet Homecare

Date Sent to Homecare provider: Click or tap to enter a date.

Appendix 5: HealthNet Initiation Prescription

HealthNet Homecare

Private and Confidential

Produodopa (foscarbidopa, foslevodopa) Initiation Prescription Form

Hospital Details:		
Hospital Name	Doncaster Royal Infirmary	Prescription type
Hospital Address Post Code	Armthorpe Road Doncaster DN2 5LT	☒ New patient ☐ Therapy Switch

Patient Details (please affix label if preferred)	
Name (including title)	
Address & Post Code	
Date of Birth:	
Hospital Number:	NHS Number:
Purchase Order Number:	
Known Allergies / Sensitivities:	
Comments:	

Drug name	Dose	Route	Qty
☒ Produodopa 240mg/ml + 12mg/ml solution for infusion (box of 7 vials)	For initiation by a doctor or nurse in a hospital setting	SC	4 Boxes

Please note that this Rx covers 28 vials worth of dosing to be delivered to the Hospital for initiation of treatment

Ancillary Items	Qty
☒ Vyafuser Pump and Kit Box	1
☒ Fitted Vest **Choose Size.**	1
☒ Bbraun Omnifix Syringe 10ml (PROD003)	
☒ Vented Vial Adaptor (Qty 1 – Box of 28) PROD004	1
☒ 60cm Neria Guard Infusion Set (Qty 1 – Box of 10) **Choose an item.**	

Signature	Date	Name of Prescriber (Block Capitals)
	Date:	Dr A Oates
Qualification GMC/NMC/GPhC: 3266492		Telephone: 01302 644645
Clinical Screening		
Referring Centre Pharmacist Signature	Date	Name of Pharmacist (Block Capitals)

E-mail URGENT PRESCRIPTIONS ONLY to Healthnet.homecare@nhs.net

Post original prescription to:
HealthNet Homecare, Unit 3 Ardane Park, Phoenix Avenue,
Green Lane Industrial Estate, Featherstone WF7 6EP

Appendix 6: HealthNet Maintenance Prescription

HealthNet Homecare

Private and Confidential

Produodopa (foscarbidopa, foslevodopa) Maintenance Prescription Form

Hospital Details:		
Hospital Name		Prescription type
Hospital Address, Post Code		☐ Continuing ☐ Dose Change/Adjustment* ☐ Dose Adjustment Only * - Non-dispensing

Patient Details (please affix label if preferred)	
Name (including title)	
Address & Post Code	
Date of Birth:	Hospital Number:
NHS Number:	Purchase Order Number:
Known Allergies / Sensitivities:	
Comments:	

Please deliver every ____ **weeks for a duration of** ____ **Weeks**

Drug name	Dose	Route	Qty
Produodopa 240mg/ml + 12mg/ml solution for infusion (box of 7 vials)	As per pumps settings below	SC	____ Boxes

Pump Details & Rates

PUMP PIN NUMBER ____	**PUMP RATES** (*If there is a dose adjustment, please confirm previous/old rates here)	***DOSE ADJUSTMENT RATES** ☐ Nurse Visit Required
Continuous infusion	Base rate (ml/hr) ____ High rate (ml/hr) ____ Low rate (ml/hr) ____	Base rate (ml/hr) ____ High rate (ml/hr) ____ Low rate (ml/hr) ____
Loading dose enabled	☐ **Yes*** ☐ **No** *If yes, ____ volume (ml) Loading Dose lockout time ____	☐ **Yes*** ☐ **No** *If yes, ____ volume (ml) Loading Dose lockout time ____
Extra dose enabled	☐ **Yes*** ☐ **No** *If yes, ____ volume (ml) Extra Dose lockout time ____	☐ **Yes*** ☐ **No** *If yes, ____ volume (ml) Extra Dose lockout time ____

Ancillary Items	**Qty**
B Braun Omnifix Syringe 10ml (PROD003)	____
Vented Vial Adaptor (PROD004)	____
60cm Neria Guard Infusion Set (Qty 1 – Box of 10) Choose an item.	____
Patient Date of Discharge (must be completed for first maintenance prescription):	Click or tap to enter a date.

Prescriber Signature		Select Date	Prescriber Name (Capitals)	
Qualification GMC/NMC/GPhC:			Telephone:	
Clinical Screening				
Pharmacist Signature		Select Date	Pharmacist Name (Capitals)	

E-mail URGENT PRESCRIPTIONS ONLY to Healthnet.homecare@nhs.net
Post original prescription to: HealthNet Homecare, Unit 3 Ardane Park, Phoenix Avenue, Green Lane Industrial Estate, Featherstone WF7 6EP

Appendix 7: HealthNet Service Useful Contacts

Further contact information is available in full manual

HealthNet Homecare

Produodopa service useful contacts

If you want to speak to us about a patient's delivery or nurse visit.....

	Team	Contact Details
Deliveries & Devices	Patient services team	enquiries@nhs.net 0800 083 3060 (Option 2)
Nurse Visits	Clinical homecare team	healthnet.clinical@nhs.net 0800 083 3060 (Option 3)

If you want to speak to us about a prescription or dose adjustments.....

	Team	Contact Details
Non-Urgent Prescriptions	Prescription services team	healthnet.homecare@nhs.net 0800 083 3060 (Option 2)
Urgent Prescriptions	Prescription services team	healthnet.urgentprescriptions@nhs.net 0800 083 3060 (Option 2)
Dose adjustments	Clinical homecare team	complextherapies@healthnethomecare.co.uk

If a patient or carer needs support.....

Common query types	Opening times	Produodopa helpline (Clinical advice line)
• Pump management • Pump alarms and queries • Pump replacements • Equipment and ancillaries • Skin Management • Cannula issues • Syringe issues • Infusion Site changes • New symptoms • Reporting of side effects • General clinical advice	Monday - Friday - 8am - 8pm* Saturday & Sunday - 9am - 5pm* Bank Holidays - 8am - 8pm* **A voicemail service is active outside of these hours. All messages will be responded to the next working day.*	0808 175 6665