

Duodopa (Levodopa/Carbidopa Intestinal Gel) & PEG-J Tube Care

The patient and support person know this medication and the pump best

The medication within the cassette and infusion pump are used for symptom management of Parkinson's disease. The pump delivers Duodopa (Levodopa/Carbidopa Intestinal Gel) via PEG-J tube for 16 hours a day.

If this is a medical emergency, stabilize the patient before addressing the pump

Duodopa (Levodopa/Carbidopa Intestinal Gel) should remain infusing, except in the following situations:

- MRI (the pump is not MRI compatible, while the PEG-J tube is. The infusion must be stopped and disconnected prior to the scan) *Do not flush
 - Can be restarted after MRI completed
- PEG-J tube confirmed to be outside of GI tract
- GI tract not to be used related to other comorbidity
- Psychosis (chance of accidental removal of PEG-J tube causing damage)

Once the pump is stopped, oral medication must be started within ONE (1) hour

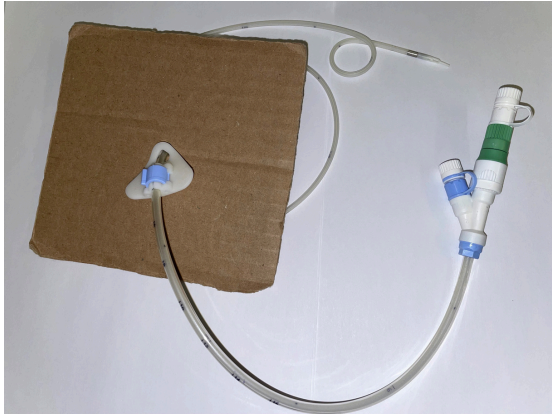
If the patient or support person is not able, STOP the pump using the following instructions:



1. Press and hold STOP/START button until it beeps 4 times then the window will say STOPPED
2. Press and hold the ON/OFF button until it beeps 4 times

The patient and support person know the PEG-J tube care the best

The PEG-J tube is used to deliver the Duodopa (Levodopa/Carbidopa Intestinal Gel) and must **NOT BE USED FOR ANYTHING ELSE** other than water.



The stoma must be cleaned daily with soap and water and inspected for infection
The Intestinal tube must be flushed once daily with 40ml potable water
Use the connectors provided by the client or care partner with a luer lock 10ml syringe
The gastric tube must be flushed twice a week

DO NOT TWIST THE TUBE
DO NOT USE THE PEG-J TUBE FOR ANYTHING OTHER THAN DUODOPA OR WATER

The connectors are the weakest point. Should it come apart, feed the tube back in and push the white connector to the green connector and click twice (2).
Should it come out more than about 12 inches, feed tube back in, click twice and get an abdominal X-Ray to check placement. Duodopa can continue to be used while waiting for results.
Should the J tube come completely out, you can still use the green port (it is a luer lock), Duodopa will be administered to the stomach which will be adequate.
Contact Dr. Don Duerksen at St. Boniface to have the J tube replaced.
Should the entire PEG-J tube come out, this is an emergency. Contact GI, as well contact Dr. Don Duerksen to replace.



Should the connectors break or come apart from the PEG tube, please contact Kelly Williams, CRN at Movement Disorder Clinic or Dr. Don Duerksen at St. Boniface Hospital

For additional instructions for management of Duodopa, including (re)initiating oral medication, please contact:

Movement Disorder Clinic Deer Lodge Centre	204-940-8400 Monday to Friday 8:00am to 4:00pm
Movement Disorder Clinic Clinical Resource Nurse Kelly Williams	204-940-8427 kwilliams3@mdc-dlc.ca
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