

## Information for Your Nurse and Doctor when You Enter the Hospital

Name of your Parkinson disease Neurologist: \_\_\_\_\_

Phone Number of your Parkinson disease Neurologist: \_\_\_\_\_

### **The following are some suggestions to make the hospitalization of this person with Parkinson's disease smoother:**

- Parkinson disease medications often need to be given at specific times of the day. Therefore, when writing medications in the orders, instead of writing TID or QID, please write specific times (e.g. q8AM, q11AM, etc.)
- Patients with Parkinson disease should resume medications immediately following procedures unless vomiting or severely incapacitated.
- If there is confusion, consider urinary or lung infections. Also consider pain medications or benzodiazepines as a potential cause.
- In cases of prolonged confusion, and an antipsychotic is necessary, quetiapine (Seroquel) and clozapine (Clozaril) are the best options. These two drugs minimally affect symptoms. Avoid using haloperidol, risperidone, olanzapine, aripiprazole, and ziprasidone.
- If the patient has nausea, please avoid the use of prochlorperazine (Compazine), promethazine (Phenergan), or metoclopramide (Reglan), as they can worsen symptoms. Trimethobenzamide (Tigan) and ondansetron (Zofran) are alternatives that can be used safely.
- Do not mix selegiline or rasagiline (MAO-B inhibitors) with meperidine (Demerol), as it can precipitate a serious reaction characterized by blood pressure fluctuations, respiratory depression, convulsions, malignant hyperthermia, and excitation.
- Do not stop carbidopa/levodopa (Sinemet) abruptly, as this can lead to neuroleptic malignant-like syndrome.
- If medications have to be crushed and administered through a tube, give them at least one hour prior to meals and be aware that CR formulations may not work as well. Protein in meals may interfere with the absorption of carbidopa/levodopa (Sinemet). There is a dissolvable form of carbidopa/levodopa called Parcopa that may be useful in some patients.
- If you having trouble getting an EKG, EEG, or using heart rate monitors, consider that the patient may have a deep brain stimulator. You may need to ask the patient or family member to turn the device off to avoid electrical interference. This cannot be done for a prolonged period of time or the patient's condition will worsen.
- If you are a surgeon and have any concerns regarding use of the Bovi with DBS, please call Medtronic at 1-800-328-0810 and talk to Tech Support.

# Information Checklist for Hospital Stays

## General Points to be Aware of When Entering the Hospital:

- Provide a list of your medications with exact times, frequencies, and dosages. Be prepared to share your knowledge about Parkinson disease, including on-off fluctuations and the importance of taking medications at specific time intervals.
- Bring medications in original bottles.
- Know which drugs can worsen the symptoms of Parkinson's disease.
- Research study participants should provide information explaining the experimental drugs and phone the study coordinator to let them know you are in the hospital.
- Speak up when medications are wearing off.
- Do not take medication on your own. Unless you have prearranged permission, the staff should administer all medication.
- Let the staff know if you have a deep brain stimulation (DBS) implant. Bring the patient programmer to turn the stimulator on and off for procedures.
- Contact your neurologist letting him/her know you are in the hospital and give the phone number of your neurologist to your doctor in the hospital.

## Be mobile, especially during prolonged stays!

- Walk around as much as possible.
- Inquire about physical therapy or occupational therapy. Even passive range of motion exercises can help prevent contractures if you are not mobile.

## If you have difficulty swallowing:

- Sit up when eating.
- Ask for a speech-swallowing therapist.
- Alert staff that your medications may need to be crushed and administered through a tube. Make sure medications are administered one hour prior to meals or feedings, especially if medication are crushed.
- There is a dissolvable form of carbidopa/levodopa called Parcopa that can be given by placing on the tongue.

## Know what factors may make your symptoms worse:

- Failing to get medications at specific times and coordinated with meals.
- Dopamine blocking drugs such as haloperidol (Haldol), risperidone (Risperdal) and olanzapine (Zyprexa) can worsen symptoms. If absolutely necessary because of hallucinations, behavior, or sleep, only quetiapine (Seroquel) or clozapine (Clozaril) should be used.
- Anxiety, stress, and sleep deprivation.
- Urinary tract, lung, or other infections (and antibiotics).

**Provide Advance Directives:** Power of attorney for health care and living will. Choose an advocate who can ask questions and act as your spokesperson. Make sure this person is aware of your medical wishes so she/he can assist in speaking for you if needed.

## I HAVE PARKINSON'S DISEASE

MY NAME IS: \_\_\_\_\_

MY CAREGIVER'S NAME IS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MY NEUROLOGIST IS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### WHAT IS PARKINSON'S DISEASE?

Parkinson's disease is a slowly progressive disorder, generally associated with trembling of the limbs, stiffness, rigidity of the muscles and slowness of movement. Loss of dopamine is what causes this. There is no known cause or cure.

I have the following symptoms:

\_\_\_\_\_ Stiffness

\_\_\_\_\_ Low blood pressure

\_\_\_\_\_ Rigidity

\_\_\_\_\_ "On-off" symptoms

\_\_\_\_\_ Tremor

\_\_\_\_\_ Difficulty walking

\_\_\_\_\_ Difficulty with balance

\_\_\_\_\_ Speech problems

### I CANNOT TAKE THE FOLLOWING MEDICATIONS

Phenergan, Compazine, Reglan, Haldol, Thorazine