

CARING FOR PATIENTS WITH PARKINSON'S



Medications - On time, every time:

- Parkinson medications must be given on time every time as prescribed by their neurologist.
- There is no "window" with prescribed times
- A Parkinson's patient's medications should NOT be changed without consulting the patient's neurologist.
- Changing the patients medications to formulary meds can exacerbate their Parkinson's disease, create harm and extend their hospitalization.

For patients with Parkinson's disease, it is important that in addition to being treated for the condition that led to their hospitalization, their treatment for Parkinson's disease continues as prescribed by their neurologist.



Contraindicated medications to avoid:

Haloperidol (Haldol) and most neuroleptics

- Phenothiazines & antiemetics: prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan) and droperidol (Inapsine)
- Commonly prescribed opiod medications are contraindicated with selective MAO B inhibitors such as rasagiline (Azilect), selegiline (I-deprenyl, Eldepryl), and selegiline HCL oral disintegrating (Zelapar)

→ Medications considered safe ←

- Pimavanserin (Nuplazid), quetiapine (Seroquel) and clozapine (Clozaril)
- Trimethobenzamide (Tigan) and ondansetron (Zofran)

More information at <u>ipmdc.org/hospital</u>

We recommend:



- The patient and/or caregiver be allowed to self-administer the patient's Parkinson medications
- Patients be permitted to use medications from their home supply, in their original containers.
- The caregiver be present where possible, to advocate for the patient.
- Should a nasogastric tube be required, carbidopa/levodopa 25/100 immediate release tablets can be crushed and administered via the tube.





Attention: Emergency Responders

My name i	is and	I I'm living with Parkinson's Disease.
• Emerg	gency contact information and list of medica	ations are attached to this document.
• Where	e to find my Emergency Go Bag	
does not n	slow to process your questions and respond necessarily mean I have cognitive issues. Mess my emotions.	•
•	rative that my Parkinson medications, as pre every time while in your care. If they are not delayed.	
Where to f	find my medications	
I also have	ve:	
Yes / No	Deep brain stimulation device (leads in be	rain, generator under collarbone)
Yes / No	Subcutaneous continuous infusion device	

More information about caring for Parkinson's patients at ipmdc.org/hospital





Emergency contact information

First name, last name			
Date of Birth			
phone number			
Address			
Preferred hospital			
Emergency contact name			
phone number			
Emergency contact name			
phone number			
Primary Care Physician			
phone number			
Neurologist			
phone number			
Pharmacy			
phone number			
Health insurance, policy #			
Advance health care directive on file at:			



Medication information for ALL conditions

Name:	/			
Medication	Reason taken	Dose	Time of day	



Medical History

First name, last name	
Allergies?	
Surgeries / when?	
Other conditions?	
Special diet?	



Hospital Go Bag Check List

These are just some suggestions for what to include in your emergency go-bag for when you need to go to hospital. You can personalize it to your needs.

**Remember to check your bag every month to ensure that your documents are up to date and your medications are correct and within the use by date.

Documents	Items
IPMDC Medications list*	Medications in their original containers for at least 3-5 days
IPMDC Emergency contact information*	Device charger
IPMDC Medical History*	Toiletries
IPMDC Patient Care for People with Parkinson's*	Change of clothes
IPMDC Emergency responders letter*	phone charger
Advance Health Care Directive or Living Will	Portable charger/powerbank
Medical Durable Power of Attorney	Glasses, hearing aids, dentures & containers to hold them
Virginia POST form	mobility device
	Paper, pen
	Name tags for belongings

*More information about caring for Parkinson's patients at <u>ipmdc.org/hospital</u>