

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 opioid medications are contraindicated with selective MAO B inhibitors such as rasagiline (Azilect), selegiline (L-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
ipmdc.org/hospital

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.

