



HOSPITAL STAYS

WHAT YOU AND YOUR DOCTORS SHOULD KNOW

Parkinson's disease requires specific care. When you are in the hospital, the following information should be shared with everyone involved in your care. It is important to prepare for both unexpected trips to the emergency room as well as any scheduled admissions. Education and planning can alleviate many problems from developing during your hospital stay.

1. Inform all hospital physicians and nurses of your Parkinson's condition. Let them know of any symptoms that may require additional assistance, such as difficulty with walking or swallowing including any special dietary needs or restrictions.
2. Bring copies of your current Parkinson's medication dosing. Many problems arise from misunderstandings about dosing of Parkinson's medications. For example, if you normally take your medications at 6AM-11AM-4PM-9PM, then it is important to have written orders from your doctor spelling out the **EXACT** times the medications are to be given. However, if your medication order is written for QID (four times a day), the hospital may automatically schedule the medications for times that do not match your schedule. Make sure that nurses and staff members know that you need your Parkinson's medications on time, every time. Explain your specific symptoms such as difficulty moving, when medications are not given promptly.
3. As a safety issue, hospital policies require that medications be provided through the hospital pharmacy during your stay. If one or more of your medications is not stocked in the hospital pharmacy, then the hospital doctor can write an order allowing you to take your own medication. For this reason, make sure you notify your doctor of your current Parkinson's medications prior to any scheduled visit and bring your medications to the hospital. If you are taking experimental medications, bring a letter or documents stating that you are involved in a study and bring your supply of the study medication.
4. Some medications that are given in the hospital may worsen your symptoms and should not be given to patients with Parkinson's disease. These include:
 - Gastrointestinal/Anti-nausea drugs:
 - prochlorperazine (Compazine[®])
 - promethazine (Phenergan[®])
 - metoclopramide (Reglan[®])
 - droperidol (Inapsine[®])
 - Note: Ondansetron (Zofran[®]) is an option for treating nausea in Parkinson's patients

Antipsychotics:

- All typical and atypical antipsychotics including haloperidol (Haldol[®]), risperidone (Risperdal[®]), etc. The only antipsychotics that are less likely to worsen Parkinson's symptoms are quetiapine (Seroquel[®]) and clozapine (Clozaril[®]).

Additionally, patients taking an MAO-B inhibitor such as selegiline (Eldepryl[®], Zelapar[®]) or rasagiline (Azilect[®]) must avoid the following medications:

- meperidine (Demerol[®])
- tramadol (Ultram[®])
- methadone
- propoxyphene (Darvon[®], Darvocet[®])
- cyclobenzaprine (Flexeril[®], Amrix[®])
- halothane (Fluothane[®])
- dextromethorphan

Parkinson's patients may be more susceptible to side effects of confusion, hallucinations and sedation with medications such as benzodiazepines, muscle relaxants, bladder control medications and medications used for sleep and pain. These types of medications should be minimized if possible.

5. If you are having surgery:

- Request the first surgery slot of the day to minimize time without medications
- Discuss possible alternatives to general anesthesia, such as a spinal block. If general anesthesia is required, request that the anesthesiologist use the lowest amount possible.
- Ask the anesthesiologist and surgeon if you may take your morning doses of Parkinson's medications with a sip of water even if you have been asked to stop all medications the night before surgery.
- Resume your normal medication schedule as soon as possible after surgery.
- If you cannot swallow safely after surgery for an extended time, a nasogastric tube may be required. Your medications can be crushed and given via the tube.
- Be as active as permitted to avoid complications of immobility.

6. Patients with DBS (Deep Brain Stimulation) devices:

- MRI should not be performed unless hospital staff has MRI experience imaging a DBS device safely.
- Diathermy should always be avoided.
- Depending on the model of the DBS device, it may need to be turned off for certain procedures.
- For patients with any type of Medtronic device, there is a 24/7 support line for questions regarding DBS at 1-800-707-0933.