

Please notify my Parkinson's Doctor that I have been admitted to the hospital

For more information, go to [www.parkinsons.va.gov](http://www.parkinsons.va.gov)



## Parkinson's Disease: Quick Fact Sheet for Providers

### What is Parkinson's Disease?

Parkinson's disease (PD) is a chronic, progressive, neurological disorder associated with loss of dopamine-generating cells in the brain that results in multiple and often, complex symptoms. It is mainly associated with loss of motor control—tremor, stiffness, slowness of movement, and/or balance problems. However, non-motor symptoms are frequently present. Not every patient with PD has the same symptoms or response to medications. To date there is no known cause and no cure.

### Important Nursing/Clinical Care Considerations for the PD patient

- Patients with PD typically need their medications at specific times during the day. Please do not skip doses or postpone doses, unless ordered by a neurologist. To avoid serious side effects and/or help prevent an increase in debilitating motor symptoms, patients should receive their medications **on time, every time!**
- When ordering medications, please write specific times (i.e. 10:00am, 2:00pm, 6:00pm) as per the patient's home schedule, instead of frequency (i.e. three times a day).
- Do not stop Parkinson's medications abruptly.
- Resume medications immediately following procedures, unless vomiting or severely incapacitated.
- If an antipsychotic is necessary, use quetiapine (Seroquel) or clozapine (Clozaril).
- To treat nausea, use trimethobenzamide (Tigan) and ondansetron (Zofran).
- Be alert for swallowing problems.
- Do falls risk assessments and prevention.
- Ambulate as soon as medically safe. Patients may need assistance.
- If having trouble getting an EKG, EEG, or using a heart rate monitor, consider that the patient may have a deep brain stimulator. You may need the patient or family caregiver to turn the device off to avoid electrical interference. \*Remember to turn device back on as soon as possible!
- In the patient who has a deep brain stimulator, diathermy is contraindicated; MRI only if strict guidelines are followed. Contact manufacturer for guidelines.

### Contraindicated Medications

haloperidol (Haldol®)	prochlorperazine (Compazine®)
risperidone (Risperdal®)	promethazine (Phenergan®)
olanzapine (Zyprexa®)	metoclopramide (Reglan®)
aripiprazole (Abilify®)	meperidine (Demerol®) – do not mix with selegiline or rasagiline
ziprasidone (Geodon®)	

Prepared by Parkinson's Disease Research, Education, and Clinical Center (PADRECC).

Adapted from: NPF Aware in Care Fact Sheet, Parkinson's Resources of Oregon and OHSU Parkinson Center "Critical Information for Caring for the PD Patient", and Parkinson Report (Summer 2007) "Five Frequently Asked Questions about Hospitalization".

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**Name:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Family Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Neurologist:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Common Symptoms of PD**

I may personally have those symptoms which have been checked below:

**Motor**

- Tremor at rest
- Rigidity
- Slowness of movement
- Balance problems/falls
- Freezing (stuck in place)
- Lack of facial expression
- Stooped posture
- Swallowing problems
- Drooling
- Low voice volume/slurred speech
- Dyskinesias (extra involuntary movements)
- Other: \_\_\_\_\_

**Non-Motor**

- Depression
- Anxiety
- Cognitive decline/dementia
- Impulse control disorders
- Orthostatic hypotension
- Pain
- Hallucinations and/or psychosis
- Sleeping problems
- Constipation
- Urinary dysfunction
- Other: \_\_\_\_\_

**Typical Medications for PD**

I take the medications circled below (see my Medication List for dosages):

**Levodopa** – Carbidopa/levodopa (Sinemet® or Sinemet CR®), Carbidopa/levodopa oral disintegrating (Parcopa®), Carbidopa/levodopa/entacapone (Stalevo®)

**Dopamine Agonist** – ropinirole (Requip®), pramipexole (Mirapex®), rotigotine (Neupro®), apomorphine (Apokyn®)

**MAO-B Inhibitors** – rasagiline (Azilect®), selegiline (Eldepryl®), zydis selegiline HCl oral disintegrating (Zelapar®)

**Anti-cholinergics** – trihexyphenidyl (formerly Artane®), benzotropine (Cogentin®), ethopropazine (Parsitan®)

**COM-T Inhibitors** – entacapone (Comtan®), tolcapone (Tasmar®), Carbidopa/levodopa/entacapone (Stalevo®)

**Other** – Amantadine (Symmetrel®)

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