

Parkinson's Care Summary for Health Professionals

Parkinson's disease (PD) is a complex, progressive neurological disorder characterized by a loss of dopamine-generating cells in the brain. PD is primarily known for movement symptoms, such as **tremor, bradykinesia and rigidity/stiffness**, but there are many other motor and non-motor symptoms, including:

- Freezing
- Lack of facial expression
- Low voice or muffled speech
- Instability and falls
- Dysphagia and drooling
- Dyskinesia (involuntary movements)
- Pain
- Mood changes
- Cognitive issues
- Constipation and incontinence
- Hallucinations and delusions
- Impulse control disorders
- Orthostatic hypotension
- Sleep disturbances

5 Parkinson's Care Considerations

People with PD have longer hospital stays, more secondary complications and complex care needs.

Customize All Medication Orders

Follow patient's at-home PD medication regimen. People with PD typically take multiple doses of medication at specific times throughout the day to manage symptoms. **Different strengths and formulations of the same medication are often not interchangeable.**

Prevent Medication Delays

Administer medications within ± 15 minutes of at-home schedule. Delayed medications can make movement difficult, leading to falls, skin breakdown, incontinence, eating difficulties, emotional distress and inaccurate skilling of discharge needs. **Beware of symptoms of neuroleptic malignant syndrome (NMS),** which can result from stopping levodopa abruptly. **Resume medications immediately after procedures** when safe.

Avoid Contraindicated Medications

Avoid medications that can worsen PD symptoms, including haloperidol (Haldol), prochlorperazine (Compazine) and metoclopramide (Reglan). See back for full list.

Prioritize Regular Movement

Ambulate as soon as medically safe. Physical activity is key to maintaining mobility and reducing fall risk for someone with PD. **PT/OT consultation recommended.**

Address Risk of Dysphagia and Aspiration

Avoid withholding medications whenever possible but be aware that swallowing issues are very common for people with PD and aspiration pneumonia is the leading cause of death. **Swallow screening and SLP consultations recommended for safe medication strategies.**

Safe & Contraindicated Medications

	Safe Medications	Medications to Avoid
Antipsychotics	<p>Pimavanserin (Nuplazid) Quetiapine (Seroquel) Clozapine (Clozaril)</p>	<p>Haloperidol (Haldol) and other typical antipsychotics. Atypical antipsychotics other than those identified in the safe column.</p>
Anesthesia & Pain Medication	<p>Consult with the patient's PD doctor or hospital neurologist, anesthesiologist and surgeon to determine the best treatment plan whenever possible.</p> <p>Local or regional anesthesia generally have fewer side effects than general anesthesia for people with PD and should be used as an alternative when appropriate.</p>	<p>Beware of mixing MAO-B inhibitors with the following pain medications:</p> <ul style="list-style-type: none"> • Meperidine (Demerol) • Tramadol (Rybix, Ryzolt, Ultram) • Droperidol (Inapsine) • Methadone (Dolophine, Methadose) • Propoxyphene (Darvon, PP-Cap) • Cyclobenzaprine (Amrix, Fexmid, Flexeril)
Gastrointestinal (GI) & Nausea Medications	<ul style="list-style-type: none"> • Domperidone (Motilium) • Ondansetron (Zofran) • Dolasetron (Anzemet) • Granisetron (Kytril) • Aprepitant (Emend) 	<ul style="list-style-type: none"> • Prochlorperazine (Compazine) • Metoclopramide (Reglan) • Promethazine (Phenergan) • Droperidol (Inapsine) • Olanzapine (Zyprexa)

⚠ Caution: Benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain may lead to confusion, hallucinations, falls and other symptoms. Also, though most antidepressants are safe to use, amoxapine (Asendin) may lead to worsening movement symptoms for people with PD.

If a patient has a deep brain stimulation (DBS) device there are requirements for MRI scans, EKGs and EEGs.

Contact the device manufacturer or the patient's Parkinson's doctor for more information:

- Abbott: 1-800-727-7846
- Boston Scientific: 1-833-327-4636
- Medtronic: 1-800-510-6735

If a patient has an existing Duopa device, clinicians should:

- Allow patients to bring in medication cassettes, which are often not part of the hospital formulary.
- Turn the device off, disconnect it and remove it from the room during imaging.

Go to Duopa.com or call 1-844-386-4968 to speak with registered nurses about the pump, tubing or medication cassettes.