

Information for your Nurse and Doctor for Hospitalization

The following are some suggestions to make the hospitalization of the person with Parkinson's disease smoother:

- Parkinson's medications most often need to be given at specific times of the day. Therefore, when writing medications in the orders, instead of writing TID or QID, please write specific times (e.g. 8AM, 11AM, etc.).
- Patients with Parkinson's disease should resume medications immediately following procedures, unless vomiting or severely incapacitated.
- If the patient becomes confused, consider urinary or lung infections as possible causes. Also consider pain medications or benzodiazepines as a potential cause.
- In cases of prolonged confusion, where an antipsychotic is necessary, quetiapine (Seroquel) and clozapine (Clozaril) are the best options. These two drugs minimally affect Parkinsonian symptoms. Avoid, if you can, haloperidol (Haldol), risperidone (Risperdal), olanzapine (Zyprexa), aripiprazole (Abilify), and ziprasidone (Geodon).
- If the patient has nausea, please avoid the use of prochlorperazine (Compazine), promethazine (Phenergan), or metoclopramide (Reglan), as they can worsen Parkinson symptoms. Trimethobenzamide (Tigan) and ondansetron (Zofran) are alternatives that can be used safely.
- Do not mix selegiline or rasagiline (MAO-B inhibitors) with meperidine (Demerol), as the combination can precipitate a serious reaction characterized by blood pressure fluctuations, respiratory depression, convulsions, malignant hyperthermia, and excitation.



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- Do not stop carbidopa/levodopa (Sinemet) abruptly, as this can lead to neuroleptic, malignant-like syndrome.
 - If medications have to be crushed and administered through a tube, give them at least one hour prior to meals, and be aware that CR formulations may not work as well. Protein in meals may interfere with the absorption of carbidopa/levodopa (Sinemet). There is a dissolvable form of carbidopa/levodopa called Parcopa, that may be useful in some patients.
 - If you are having trouble getting an EKG or EEG, or using heart rate monitors, consider that the Parkinson patient may have a deep brain stimulator: you may need to ask the patient or family member to turn the device off to avoid electrical interference.

