



Patient Name: _____

DOB: _____

_____ is anticipating hospitalization for _____. As you are aware, (s)he lives with Parkinson Disease. Below are some recommendations that will help to keep his/her Parkinson symptoms stable and reduce potential complications during his/her hospitalization.

- (S)he requires his/her Parkinson medications on time, **based on the specific time (s)he takes them at home**. This schedule allows his/her Parkinson symptoms to remain under control. Their current medication schedule is stapled to this letter.
- Prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan) and droperidol (Inapsine) are contraindicated for use in Parkinson Disease. Should an anti-emetic be required, safe alternatives are Tigan (trimethobenzamide) and Zofran (ondansetron).
- Should delirium occur, **avoid haloperidol (Haldol) and most neuroleptics**, other than pimavanserin (Nuplazid), Seroquel (quetiapine) and Clozaril (clozapine).
- If safe, please allow him/her to take their Parkinson medications as close to the time of surgery as possible, with a sip of water, and to resume their Parkinson medication as soon after surgery as is safe.
- Ambulate as soon as is safe and consider a physical therapy evaluation prior to discharge.
- People with Parkinson Disease are prone to constipation. A good bowel regimen will be most beneficial in preventing constipation and optimizing absorption of medication.
- Should (s)he require a nasogastric tube, carbidopa/levodopa 25/100 immediate release tablets can be crushed and administered via the tube.
- A swallow evaluation may be indicated should dysphagia develop post operatively.
- Infections can cause sudden changes in behavior and motor function. Monitor closely for urinary tract and upper respiratory infections.
- Selective MAO B inhibitors, such as rasagiline (Azilect), selegiline (l-deprenyl, Eldepryl), and selegiline HCL oral disintegrating (Zelapar) are contraindicated with meperidine (Demerol) and tramadol (Rybix, Ryzolt, Ultram), among other commonly prescribed medications. It may be appropriate to hold the MAO B inhibitor for 2 weeks prior to surgery to avoid any potential interactions, and resume when pain is under control. But if surgery is imminent, please use alternative medications for pain and check with the pharmacy for other potential drug interactions.
- **Under no circumstances should his/her Parkinson's medications be changed without consulting my office. If medications are not available in your pharmacy, we encourage the use of the his/her home supply. A sudden change or stoppage of medications could cause the patient serious harm.**

In addition to following these guidelines applicable to all people with Parkinson's disease, please note that the patient uses a **deep brain stimulator** to help control his/her Parkinson's symptoms. A deep brain stimulator is a surgically implanted battery operated neurostimulator, and includes a pacemaker located in the chest region with a wire leading to the brain. **This is important to know before performing an MRI, EKG or EEG.** Before performing these, please consult my office for guidelines specific to the type of device.

(S)he has been provided with an Aware in Care Kit by the Parkinson's Foundation, which contains all of this information and more to share with the surgical team. **We recommend that you use this throughout his/her stay in the hospital to keep all care providers informed about his/her needs.** Thank you for helping to provide a complication free hospitalization and a rapid recovery.

Should you have additional questions or concerns, please don't hesitate to contact us.

Doctor's Signature _____ Phone: _____

Doctor's Printed Name: _____ Email: _____