

Nombre del paciente: _____ Fecha de nacimiento: _____

Doctor's Letter: Parkinson's Hospital Care Needs

Carta del médico: Necesidades de atención hospitalaria para la EP

Ask your Parkinson's doctor to sign this letter and print and attach a current record of your medication schedule with specific formulations and timing.

Pida a su médico de Parkinson que firme esta carta y que imprima y adjunte un registro actualizado de su horario de medicación con las fórmulas específicas y los horarios.

_____ lives with Parkinson's disease (PD). Their symptoms are managed through an individualized medication regimen. Please see the attached medication schedule for specifics.

Below I've outlined five care priorities for this patient:

1. The patient needs their medications ordered in an individualized fashion, according to how they take them at home.

Dosing times and medication formulations are specific to each individual patient because of the complexity of the disease. Some patients need to take their levodopa medication 30-60 minutes before meals to ensure absorption. Adherence to this regimen without substitutions is imperative to avoid unnecessary pain or other severe complications.

2. The patient needs to take their PD medications within 15 minutes of their at-home schedule.

If this is not possible, please give the patient and/or their care partner authorization to self-administer medications while in the hospital.

If surgery is necessary, please allow patient to take their PD medications as close to the time of surgery as possible, with a sip of water or crushed in applesauce, unless it is unsafe. They should resume their PD medication as soon after surgery as is safe.

3. The patient needs to avoid medications that make their Parkinson's worse, including dopamine-blocking medications, sedatives and certain medications for pain.

People with Parkinson's are more prone to pneumonias and infections, which can cause sudden changes in behavior and motor function, increasing their risk of serious complications.

Should delirium occur, avoid haloperidol (Haldol) and most neuroleptics. Instead, use pimavanserin (Nuplazid), Seroquel (quetiapine) or Clozaril (clozapine).

Prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan) and droperidol (Inapsine) are contraindicated for use in Parkinson disease.

Should an antiemetic be required, Zofran (ondansetron) is a safe alternative. For additional contraindicated medications, refer to the Parkinson's Care Summary for Health Professionals.

4. The patient needs to move their body as safely and regularly as possible, ideally three times a day.

Bed rest should be used as a last resort. Consult with physical and occupational therapy to determine what is safe.

5. The patient needs to be screened for swallowing changes to minimize the risk of aspiration pneumonia and weight loss.

Avoid withholding medications whenever possible. Consult with speech-language pathology as needed.

The below strategies can also help reduce complications:

- People with PD are prone to constipation. A good bowel regimen can improve medication absorption.
- Should they require an NG tube, carbidopa/levodopa 25/100 immediate-release tablets can be crushed and administered via the tube.

If you have additional questions or concerns, please contact me.

Doctor's Printed Name:

Doctor's Phone Number:

Doctor's Signature:

Doctor's Email:

Esta carta forma parte de la Guía de seguridad hospitalaria de la Parkinson's Foundation.
Para más información o para llenar el formulario en línea,
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