Using the Medical Alert Card

Fill in your card with emergency contact information, tear it out of this book and place it in your wallet. Download and print this card at Parkinson.org/ HospitalSafety or call our Helpline at 1-800-4PD-INFO (1-800-473-4636).

MEDICAL ALERT

I have **PARKINSON'S DISEASE** which could make me move slowly and have difficulty standing or speaking.

I AM NOT INTOXICATED.

Please call my family or physician for help.



1-800-4PD-INFO (473-4636) www.parkinson.org

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MY NAME		
HOME ADDRESS		
EMERGENCY CONTACT	PHONE	
PHYSICIAN	PHONE	
ALLERGIES/OTHER MEDICAL CONDITIONS		

Important Information to Communicate in an Emergency

- I have Parkinson's disease.
- I need my medications on time, every time. Otherwise, my Parkinson's symptoms may become severe and uncontrollable.
- Any Parkinson's medication changes need to be discussed with my doctor.
- Many common medications for pain, nausea, depression, sleep and psychosis are not safe for people. If an antipsychotic is necessary, use pimavanserin (Nuplazid), quetiapine (Seroquel) or clozapine (Clozaril).

Please turn over this card for a list of contraindicated medications.

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Using Medical ID on your Smartphone

Medical ID is a tool on Apple and Android smartphones that is used by first responders if you are unable to communicate and have your phone with you. Visit Parkinson.org/MedicalID for more information.

Safe & Contraindicated Medications in Parkinson's Disease

Safe Medications	Medications to Avoid
Antipsychotics	
Pimavanserin (Nuplazid)Quetiapine (Seroquel)Clozapine (Clozaril)	Haloperidol (Haldol) and other typical antipsychotics. Atypical antipsychotics other than those identified in the safe column.

Anesthesia & Pain Medication

Consult with the patient's PD doctor or hospital neurologist, anesthesiologist and surgeon to determine the best treatment plan whenever possible.

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.

Beware of mixing MAO-B inhibitors with the following pain medications:

- Meperidine (Demerol)
- Tramadol (Rybix, Ryzolt, Ultram)
- Droperidol (Inapsine
- Methadone (Dolophine, Methadose)
- Propoxyphene (Darvon,
- PP-Cap)
- Cyclobenzaprine (Amrix, Fexmid, Flexeril)

Gastrointestinal (GI) & Nausea Medications

- Domperidone (Motilium)
- Ondansetron (Zofran) Dolasetron (Anzemet)
- Granisetron (Kytril)
- Aprepitant (Emend)
- 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-
- Medtronic: 800-510-6735

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

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.

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