

# Parkinson's Care Summary for Health Professionals

## Resumen de cuidados para la EP para profesionales de la salud

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  $\pm 15$  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
<b>Antipsychotics</b>	<ul style="list-style-type: none"> <li>• Pimavanserin (Nuplazid)</li> <li>• Quetiapine (Seroquel)</li> <li>• Clozapine (Clozaril)</li> </ul> <p>After non-drug de-escalation or re-direction and addressing underlying causes:</p> <p><b>For acute agitation:</b> A low dose of benzodiazepine may be needed.</p> <p><b>For hyperactive delirium:</b> Stop unnecessary deliriogenic medications, consider quetiapine. Parenteral benzodiazepines may be needed for safety. Limit repeat use to avoid worsening confusion.</p>	<ul style="list-style-type: none"> <li>• Haloperidol (Haldol) and other typical antipsychotics.</li> <li>• Atypical antipsychotics not listed in the "safe" column, such as olanzapine (Zyprexa), risperidone (Risperdal) and aripiprazole (Abilify).</li> </ul>
<b>Anesthesia &amp; Pain Medication</b>	<p>Consult with the patient's PD doctor or hospital neurologist, surgeon and anesthesiologist to determine best treatment plan.</p> <p>Local or regional anesthesia usually 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"> <li>• Morphine</li> <li>• Hydrocodone +/- acetaminophen (Norco)</li> <li>• Oxycodone +/- acetaminophen (Percocet)</li> <li>• Fentanyl</li> <li>• Tramadol (Ultram)</li> <li>• Methadone</li> <li>• Cyclobenzaprine (Flexeril)</li> </ul>
<b>Gastrointestinal (GI) &amp; Nausea Medications</b>	<ul style="list-style-type: none"> <li>• Ondansetron (Zofran)</li> <li>• Dolasetron (Anzemet)</li> <li>• Granisetron (Kytril)</li> <li>• Aprepitant (Emend)</li> <li>• Trimethobenzamide</li> </ul>	<ul style="list-style-type: none"> <li>• Prochlorperazine (Compazine)</li> <li>• Metoclopramide (Reglan)</li> <li>• Promethazine (Phenergan)</li> <li>• Droperidol (Inapsine)</li> </ul>

 **Caution:** Benzodiazepines, muscle relaxants, bladder control medications and other drugs for sleep and pain may lead to confusion, hallucinations, falls and other symptoms. Also, though most antidepressants are safe to use, amoxapine (Asendin) may worsen movement symptoms.

### PD Medications for Movement Symptoms

- Medications, even in the same class, are usually not interchangeable.
- Patients should be allowed to supply their own medications if not on formulary.
- Scan QR code or visit [Parkinson.org/Medications](https://Parkinson.org/Medications) for PD medication information.



### If the patient has a deep brain stimulation (DBS) device or uses a medication device:

- Review specific imaging requirements.
- Use patient-supplied medication if it is not available through the hospital pharmacy.
- Contact the patient's Parkinson's doctor or device manufacturer for more information.



Actualizado en marzo de 2025. Para ver la versión más reciente o imprimir más copias, visite [Parkinson.org/HospitalSafety](https://Parkinson.org/HospitalSafety).