

## 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. Purchasing and wearing a medical alert bracelet can also be beneficial in case of an emergency.

To download and print the most current version of this card, visit [Parkinson.org/HospitalSafety](http://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 unsteady, move slowly and have difficulty speaking.

**I AM NOT INTOXICATED.**

Please call my family or doctor for help.



1-800-4PD-INFO (473-4636)  
[www.parkinson.org](http://www.parkinson.org)

MY NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_

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 with PD. 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](https://www.parkinson.org/MedicalID) for more information.

## Safe & Contraindicated Medications in Parkinson's Disease

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>	Haloperidol (Haldol) and other typical antipsychotics. Atypical antipsychotics not listed in the "safe" column, such as olanzapine (Zyprexa), risperidone (Risperdal) and aripiprazole (Abilify).

## Anesthesia & Pain Medication

Consult with the patient's PD doctor or hospital neurologist, anesthesiologist and surgeon to determine the best treatment plan whenever possible.	Beware of mixing MAO-B inhibitors with the following pain medications: <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>
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.	

## Gastrointestinal (GI) & Nausea Medications

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**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 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.

Updated March 2025

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Updated March 2025

# Medication Form

**Complete this form and attach it to your signed Doctor's Letter. Give both to your hospital care team.**  
Fill out a new form when your prescriptions change and keep an updated version in your guide.

YOUR NAME

DATE FORM FILLED

## Important names and numbers

CARE  
PARTNER

RELATIONSHIP

PHONE

PARKINSON'S  
DOCTOR

PHONE

PRIMARY CARE  
DOCTOR

PHONE

PHARMACY

PHONE

I was diagnosed with Parkinson's disease in \_\_\_\_\_ (year).

## Special Considerations

- |                                                                 |                                                                                           |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="radio"/> I have a deep brain stimulation device.   | <input type="radio"/> I have balance issues.                                              |
| <input type="radio"/> I have a device to deliver my medication. | <input type="radio"/> I have trouble swallowing.                                          |
| <input type="radio"/> I have dementia.                          | <input type="radio"/> I experience hallucinations or delusions as part of my Parkinson's. |
| <input type="radio"/> I get dizzy or feel faint.                | <input type="radio"/> I sometimes feel disoriented or confused.                           |
| <input type="radio"/> I have special dietary needs.             | <input type="radio"/> Other: _____                                                        |

I also have the following conditions (list them below):

## Medication List (continued on back)

List all medications you are taking for Parkinson's and other conditions, including over-the-counter medications and supplements. See page 27 for an example and more information.

TIME

MEDICATION

DOSE

NOTES

## Medication List

Continue listing all medications and supplements here.



To print additional copies of the Medication Form, or to complete the form online, visit [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety).

## Parkinson's Care Summary for Health Professionals

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>	<p>Pimavanserin (Nuplazid)            Quetiapine (Seroquel)            Clozapine (Clozaril)</p> <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>	<p>Haloperidol (Haldol) and other typical antipsychotics. Atypical antipsychotics not listed in the "safe" column, such as olanzapine (Zyprexa), risperidone (Risperdal) and aripiprazole (Abilify).</p>
<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 these 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://www.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.



Updated March 2025. For the most current version and to print additional copies of the Parkinson's Care Summary for Health Professionals, visit [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety).

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Doctor's Letter: Parkinson's Hospital Care Needs

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

\_\_\_\_\_ 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, ondansetron (Zofran) 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:

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This letter is part of the Parkinson's Foundation Hospital Safety Guide.  
For more information, or to complete the form online, go to [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety).



## Device-Specific Needs

If you have received any surgical treatments, fill out this form and be sure to keep any device-specific information with this guide.

☐

**I have a DBS device.**

### Surgery & Device Details

Neurosurgery Center:

Center Phone:

Neurosurgeon:

Date of Surgery:

Product Name (IPG Model):

Manufacturer Name:

Manufacturer Phone:

Lead Location: ☐ Right Brain ☐ Left Brain

Battery Type: ☐ Rechargeable ☐ Non-rechargeable

Battery Location: ☐ Right Chest ☐ Left Chest ☐ Other

☐

**I use a device to deliver my medication.**

### Device Details

Medication Name:

Manufacturer Name:

Manufacturer Phone:

### Daily Dosage Schedule

Be sure to list the continuous dose, any extra doses and the time range for taking them on the medication form (pages 33-40).



To print additional copies of Device-Specific Needs, or to complete the form online, visit [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety).

## Personal Care Details

Use this section to keep track of information that is specific to you and your care. Many of these details may change over time. When that happens, we recommend you update the information and keep it folded (like a bookmark) so that it is easy to access.

Personal Contacts	Medical Contacts										
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