

# Hospital Care Fact Sheet

Parkinson's disease is a progressive, incurable neurological disorder associated with a loss of dopamine-generating cells in the brain that results in a complex array of symptoms. It is primarily associated with progressive loss of motor control, but there are many more non-motor symptoms. Parkinson's impacts an estimated one million people in the United States.

## Critical Clinical Care Considerations

- To avoid serious side effects, Parkinson's patients need their medications **on time, every time** — do not skip or postpone doses.
- **Do not substitute Parkinson's medications** or stop levodopa therapy abruptly. Doing so may cause neuroleptic malignant syndrome (NMS), a life-threatening condition.
- Write down the exact times of day medications are to be administered so that **doses are given on the same schedule the patient follows at home.**
- **Resume medications immediately following procedures**, unless vomiting or severely incapacitated.
- If an antipsychotic is necessary, use pimavanserin (Nuplazid), quetiapine (Seroquel) or clozapine (Clozaril). **DO NOT use haloperidol (Haldol).**
- **Be alert for symptoms of dysphagia** (trouble swallowing) and risk of pneumonia. Consult with SLP is recommended.
- **Ambulate as soon as medically safe.** Patients may require assistance. Consult with PT is recommended.

## Medications That May Be Contraindicated in Parkinson's Disease

MEDICAL PURPOSE	SAFE MEDICATIONS	MEDICATIONS TO AVOID
<b>Antipsychotics</b>	<b>pimavanserin</b> (Nuplazid, FDA approved to treat Parkinson's disease psychosis) <b>quetiapine</b> (Seroquel) <b>clozapine</b> (Clozaril)	avoid <b>all other typical and atypical antipsychotics</b>
<b>Pain Medication</b>	<b>most are safe to use</b> , but narcotic medications may cause confusion/psychosis and constipation	<i>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid: <b>meperidine</b> (Demerol)</i>
<b>Anesthesia</b>	request a consult with the anesthesiologist, surgeon and Parkinson's doctor to determine best anesthesia given your Parkinson's symptoms and medications	<i>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid:</i> <b>meperidine</b> (Demerol) <b>tramadol</b> (Rybix, Ryzolt, Ultram) <b>droperidol</b> (Inapsine) <b>methadone</b> (Dolophine, Methadose) <b>propoxyphene</b> (Darvon, PP-Cap) <b>cyclobenzaprine</b> (Amrix, Fexmid, Flexeril) <b>halothane</b> (Fluothane)
<b>Nausea/GI Drugs</b>	<b>domperidone</b> (Motilium) <b>trimethobenzamide</b> (Tigan) <b>ondansetron</b> (Zofran) <b>dolasetron</b> (Anzemet) <b>granisetron</b> (Kytril)	<b>prochlorperazine</b> (Compazine) <b>metoclopramide</b> (Reglan) <b>promethazine</b> (Phenergan) <b>droperidol</b> (Inapsine)
<b>Antidepressants</b>	<b>fluoxetine</b> (Prozac) <b>sertraline</b> (Zoloft) <b>paroxetine</b> (Paxil) <b>citalopram</b> (Celexa) <b>escitalopram</b> (Lexapro) <b>venlafaxine</b> (Effexor)	<b>amoxapine</b> (Asendin)

# Common Symptoms of Parkinson's Disease

## Motor

- Bradykinesia (slowness of movement)
- Decreased ability to swallow (dysphagia) and drooling
- Freezing—being stuck in place when attempting to walk
- Lack of facial expression
- Low voice volume or muffled speech
- Stiffness/rigidity of the arms, legs or trunk
- Stooped posture
- Tremor or shaking at rest
- Trouble with balance and falls

## Non-Motor

- Anxiety
- Cognitive decline and dementia
- Constipation
- Depression
- Hallucinations and psychosis
- Impulse control disorders
- Orthostatic hypotension
- Pain
- Sexual dysfunction
- Sleep disturbances
- Urinary dysfunction

## Typical Parkinson's Medications

### L-DOPA

**carbidopa/levodopa** (Sinemet or Sinemet CR)  
**carbidopa/levodopa oral disintegrating** (Parcopa)  
**carbidopa/levodopa/entacapone** (Stalevo)  
**carbidopa/levodopa extended-release capsules** (Rytary)  
**carbidopa/levodopa enteral solution** (Duopa)

### DOPAMINE AGONISTS

**ropinirole** (Requip)  
**pramipexole** (Mirapex)  
**rotigotine** (Neupro)  
**apomorphine** (Apokyn)

### MAO-B INHIBITORS

**rasagiline** (Azilect)  
**selegiline**  
(l-deprenyl, Eldepryl)  
**selegiline HCL oral disintegrating** (Zelapar)

### ANTI-CHOLINERGICS

**trihexyphenidyl**  
(formerly Artane)  
**benztropine**  
(Cogentin)  
**ethopropazine**  
(Parsitan)

### COMT INHIBITORS

**entacapone** (Comtan)  
**tolcapone** (Tasmar)  
**carbidopa/levodopa/entacapone** (Stalevo)  
*\*has L-DOPA in formulation*

### OTHER

**amantadine**  
(Symadine, Symmetrel)  
**extended-release amantadine**  
(Gocovri, Osmolex ER)

**Special Alert:** Drugs such as benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain may lead to confusion, hallucinations and other symptoms.

**Consequences of Untimely Medication Administration:** As PD medications wear off motor symptoms return which can impact a patient's ability to function. PD patients are at risk for:

- Falls — due to rigidity, postural instability, freezing and bradykinesia
- Aspiration pneumonia — due to dysphagia from impairment in the muscles needed for swallowing
- Incontinence — due to rigidity and bradykinesia which impairs the ability to get to the bathroom
- Skin breakdown — due to the inability to change position freely
- Emotional distress — due to feelings of helplessness, frustration, anxiety, fear, depression, embarrassment

**If the patient has deep brain stimulation device (DBS) or uses Duopa therapy** consult the Deep Brain Stimulation (DBS) Precautions post card, Duopa Therapy Precautions post card, and the Special Considerations pages within the Hospital Action Plan.

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For more information, please visit [Parkinson.org/HospitalSafety](https://www.parkinson.org/HospitalSafety) or call 1-800-4PD-INFO (1-800-473-4636).