



Patient Name: _____

DOB: _____

_____ lives with Parkinson's disease, placing them into a high-risk group for developing serious complications from COVID-19. Though their immune system is not compromised, they are more prone to pneumonias and infections, and **infections can cause sudden changes in behavior and motor function, increasing their risk of complications significantly.** Below are some recommendations that will help to keep his/her Parkinson symptoms stable and reduce unnecessary complications.

- (S)he requires his/her Parkinson medications on time, **based on the specific time (s)he takes them at home.** This schedule allows his/her Parkinson symptoms to remain under control. Their current medication schedule is stapled to this letter. If nurses are unable to distribute medications based on their specific schedule (NOT allowing for an hour window before or after the prescribed times) we recommend giving the patient and/or their care partner the authorization to self-administer medications while in the hospital. A strict adherence to the medication schedule is imperative to avoid unnecessary complications and an extended hospitalization.
- While we recognize that there may be some situations that require isolation of the patient, we must stress the importance of having a care partner present as an advocate whenever possible.
- Should delirium occur, **avoid haloperidol (Haldol) and most neuroleptics. Neuroleptics that are considered safe for Parkinson disease are** pimavanserin (Nuplazid), Seroquel (quetiapine) and Clozaril (clozapine).
- Prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan) and droperidol (Inapsine) are contraindicated for use in Parkinson Disease. Should an anti-emetic be required, safe alternatives are Tigan (trimethobenzamide) and Zofran (ondansetron).
- If surgery becomes necessary, please allow him/her to take their Parkinson medications as close to the time of surgery as possible, with a sip of water, unless it is unsafe to do so. They should resume their Parkinson medication as soon after surgery as is safe.
- Ambulate as soon as is safe and consider a physical therapy evaluation prior to discharge.
- People with Parkinson Disease are prone to constipation. A good bowel regimen will be most beneficial in preventing constipation and optimizing absorption of medication.
- Should (s)he require a nasogastric tube, carbidopa/levodopa 25/100 immediate release tablets can be crushed and administered via the tube.
- A swallow evaluation may be indicated should dysphagia develop.
- Selective MAO B inhibitors, such as rasagiline (Azilect), selegiline (l-deprenyl, Eldepryl), and selegiline HCL oral disintegrating (Zelapar) are contraindicated with meperidine (Demerol) and tramadol (Rybix, Ryzolt, Ultram), among other commonly prescribed medications. It may be appropriate to hold the MAO B inhibitor for 2 weeks prior to surgery to avoid any potential interactions, and resume when pain is under control. But if surgery is imminent, please use alternative medications for pain and check with the pharmacy for other potential drug interactions.
- Under no circumstances should his/her Parkinson's medications be changed without consulting my office. If medications are not available in your pharmacy, we encourage the use of the his/her home supply. A sudden change of medications (including substitution), or stoppage of medications could cause serious harm to the patient.
- (S)he has been provided with an Aware in Care Kit by the Parkinson's Foundation, which contains all of this information and more to share with the surgical team. **We recommend that you use this throughout his/her stay in the hospital to keep all care providers informed about his/her needs.** Thank you for helping to provide a complication free hospitalization and a rapid recovery.

Should you have additional questions or concerns, please don't hesitate to contact us.

Doctor's Signature _____ Phone: _____

Doctor's Printed Name: _____ Email: _____