Setting Up Medical ID on a Smart Phone

If you have a smart phone, you can use it as an extension of your Hospital Safety Guide by setting up a Medical ID. Medical ID allows you to store information from the Hospital Safety Guide on your smart phone, adding another layer of protection against the frequent complications that people with Parkinson’s disease (PD) face when hospitalized.

Follow these instructions to set up Medical ID on an iPhone or Android phone.
iPhone

Step 1. Getting Started

- To get started on an iPhone, open the health app (standard on every iPhone). The app icon looks like this:
- In the app, touch the Medical ID section at the bottom right corner of the screen.
- Next, touch the “Edit” button in the top right corner
- Next, touch “edit Medical ID”

Step 2: Enable Emergency Access

On this screen, at the top, find the option to “show when locked.” This is where you enable your Medical ID to be accessed in an emergency without your phone password.

Make sure this icon is green. If it is red, touch it and it should move to green, enabling this feature.

Step 3: Update Medical Conditions

List Parkinson’s disease and any other medical conditions here.

Step 4: Update Medical Notes

Copy and paste the following information, adapted from the Parkinson’s Care Summary for Health Professionals form into the Medical Conditions section:
I have Parkinson’s disease, 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.

People with PD have longer hospital stays, more secondary complications and complex care needs.

Please address these 5 Parkinson’s Care Considerations:

1. **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.

2. **Prevent Medication Delays**
   Administer medications within ±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.

3. **Avoid Contraindicated Medications**
   Avoid medications that can worsen PD symptoms, including haloperidol (Haldol), prochlorperazine (Compazine) and metoclopramide (Reglan). See Allergies and Reactions for full list.
4. **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.**

5. **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.

**Step 5. Update Allergies and Reactions**
Copy and paste the following into the Allergies & Reactions section:

Some medications can make my Parkinson’s symptoms worse.

**Avoid Antipsychotics including:**
- Haloperidol (Haldol) and other typical antipsychotics.
- Atypical antipsychotics other than Pimavanserin (Nuplazid), Quetiapine (Seroquel), Clozapine (Clozaril)

**Avoid GI and Nausea medications including:**
- 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, amoxapine (Asendin) may lead to worsening movement symptoms for people with PD.

**Include the following ONLY if you take an MAOB Inhibitor.**

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)

**Step 6. Update Medications**

List each medication with the dosage and the timing, which should match your Medication Form.

**Step 7. Update Emergency Contacts**

In the Emergency Contacts section, list your Primary Care Partner and any hospital care partners you’ve identified to help support and advocate for you in the hospital.

Also add your primary Parkinson’s doctor and the Parkinson’s Foundation Helpline, 1-800-4PD-INFO (1-800-473-4636).

**Step 8. Finish your Profile**

Once you’ve completed these steps, Click “Done” at the top right corner to save your changes. Your Medical ID is ready!
Android Phone

Step 1. Download the App

Download the free app: Medical ID (Free): In Case of Emergency. The app icon looks like this:

Step 2. Getting Started

Open the app and create a profile. Add your name and any other identifying information you would like to include.

Step 3. Update Medical Conditions

Copy and paste the following information, adapted from the Parkinson’s Care Summary for Health Professionals form into the Medical Conditions section:

I have Parkinson’s disease, 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.

People with PD have longer hospital stays, more secondary complications and complex care needs. Please address these 5 Parkinson’s Care Considerations:

1. 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.

2. Prevent Medication Delays
Administer medications within ±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.

3. Avoid Contraindicated Medications
Avoid medications that can worsen PD symptoms, including haloperidol (Haldol), prochlorperazine (Compazine) and metoclopramide (Reglan). See Allergies and Reactions for full list.

4. 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.

5. 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.
Step 4. Update Allergies and Reactions

Copy and paste the following into the Allergies & Reactions section:

Some medications can make my Parkinson’s symptoms worse.

Avoid Antipsychotics including:

- Haloperidol (Haldol) and other typical antipsychotics.
- Atypical antipsychotics other than Pimavanserin (Nuplazid), Quetiapine (Seroquel), Clozapine (Clozaril)

Avoid GI and Nausea medications including:

- 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, amoxapine (Asendin) may lead to worsening movement symptoms for people with PD.

Include the following ONLY if you take an MAOB Inhibitor.

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

- Meperidine (Demerol)
- Tramadol (Rybit, Ryzolt, Ultram)
- Droperidol (Inapsine)
- Methadone (Dolophine, Methadose)
- Propoxyphene (Darvon, PP-Cap)
- Cyclobenzaprine (Amrix, Fexmid, Flexeril)
Step 5. Update Medications
List each medication with the dosage and the timing, which should match your Medication Form.

Step 6. Update Emergency Contacts
In the Emergency Contacts section, include your Primary Care Partner and hospital care partners you’ve identified to help support and advocate for you in the hospital. Also add your primary Parkinson’s doctor and the Parkinson’s Foundation Helpline, 1-800-4PD-INFO (1-800-473-4636).

Step 7. Finish your Profile
Tap the check mark in the upper right corner to finish the profile.

Step 8. Enable Medical ID without Password
After clicking the check mark, you’ll see a screen with your profile. Tap on the three dots in the upper right and go to the settings menu.

- Next, tap on “Lock Screen” to see the different options for Medical ID.
- Select the “Notification” option and select “on”
- Click the back arrow in the top left corner.
- Your lock screen will now have this notification at all times.

Step 9. Test and Confirm
Look for the “Floating icon” when your phone is locked. To see your Medical ID, tap twice on the red icon at the top.