PARKINSON
ASSOCIATION OF ALABAMA, INC.

Patient's Name:_____
Date of Birth:_____

Physician's Letter: Parkinson's Medical Safety Needs

Ask your Parkinson's doctor to sign this letter. Print and attach a current record of your Medication Schedule, Device Form, and Patient Contact form.

_____lives with Parkinson's disease (PD). Their symptoms are managed through a highly individualized medication regimen.
Please see the attached Medication Schedule & Device Form for specifics.

Parkinson's symptoms can be greatly exacerbated by both the presenting medical condition, as well as environmental factors. Keep any stimulus, visual and/or auditory (this includes alarms), to a minimum, and place the patient in a single room, whenever possible.

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 of which to be aware, including:

- Cognitive dysfunction
- Freezing of gait
- Instability and falls
- Dyskinesia (involuntary movements)
- Dysphagia and drooling
- Low voice and muffled speech
- Lack of facial expression
- Orthostatic hypotension
- Hallucinations and delusions
- Constipation and incontinence
- Anxiety and/or depression
- Impulse control disorders
- Pain
- Sleep disturbances

Important: People with PD have longer hospital stays, more secondary complications, and complex care needs. Below are the top five care priorities to aid in safe management of this patient:

1. The patient needs their medication ordered individually, according to how they take them at home.

Because of the complexity of their disease, dosing times and medication formulations are specific to each individual patient. **Adherence to this regimen without substitutions is imperative to avoid severe complications.**

2. The patient must take their PD medications within 15 minutes of their at-home schedule.

If this is not possible, please write orders giving the patient and/or their care partner authorization to administer medications while in the hospital. If surgery is scheduled, please allow the patient to take their PD medications as close to the time of surgery as possible, with a sip of water or crushed in applesauce (if not extended release). They should resume their PD medications as soon after surgery as is safe. If NPO is at any point, immediately implement orally dissolvable medication dosing to match the existing schedule.

3. Certain medications significantly worsen PD symptoms:

Antipsychotics Safe medications:

- Quetiapine (Seroquel)
- Clozapine (Clozaril)
- Pimavanserin (Nuplazid)

Medications to avoid:

- haloperidol
- olanzapine
- ziprasidone
- cariprazine
- fluphenazine
- aripiprazole
- risperidone
- lurasidone
- brexpiprazole
- and all other antipsychotic medications other than those listed above as safe.

Note: most “atypical” antipsychotics will still block dopamine receptors and drastically worsen Parkinson’s disease.

<u>In-hospital delirium/agitation</u>

Avoid all antipsychotic medications other than quetiapine or clozapine. Quetiapine 12.5 to 25 mg is a good initial as-needed choice. If quetiapine is insufficient, benzodiazepines such as lorazepam, diazepam, or clonazepam are preferable to the other antipsychotics. Also, avoid anticholinergic medications.

Note: Though brexipipazole (Brexulti) has been approved as a treatment for agitation in Alzheimer's disease it is contraindicated in Parkinson's disease

<u>Gastrointestinal and anti-nausea medications:</u>

Safe medications:

- ondansetron (Zofran)
- trimethobenzamide (Tigan)
- granisetron (Kytril)
- domperidone

Medications to avoid:

- metoclopramide (Reglan)
- promethazine (Phenergan)
- prochlorperazine (Compazine)

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Pain Medications:
In persons with PD taking MAO-B inhibitors (rasagiline, selegiline, or safinamide) **AVOID**:

- meperidine (Demerol)
- propoxyphene (Darvon)
- cyclobenzaprine
- methadone

Persons with PD taking MAO-B inhibitors (rasagiline, selegiline, or safinamide) should hold the MAO-B inhibitor 2 weeks prior and 2 weeks after general anesthesia to avoid potential interactions

4. The patient needs to move their body as safely and regularly as possible, ideally three times a day.

Ambulate as soon as medically safe. Bed rest should be used as a last resort. Physical activity is key to maintaining mobility and reducing fall risk. Consult with physical and occupational therapy to determine what is safe and with whom.

5. Patients should be screened for swallowing difficulties to determine safe medication and food routes, reducing the risk of choking, aspiration pneumonia, and weight loss. Many individuals with Parkinson's disease (PD) experience mild to moderate chronic swallowing dysfunction and may have declined a feeding tube. A poor dysphagia evaluation alone should not automatically result in an NPO order, and oral PD medications must not be withheld. Consult the care team and consider the patient's overall clinical context before making decisions.

Key Considerations to Reduce Complications in PD:

- **Constipation:** A well-managed bowel regimen can improve medication absorption.
- **Pneumonia and Infection:** These can cause sudden changes in behavior and motor function; initial and ongoing speech-language pathology (SLP) evaluation is essential to mitigate risks**.**
- **NG Tube Considerations:** If an NG tube is required, carbidopa/levodopa 25/100 immediate-release tablets can be crushed and administered via the tube.

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

Doctor's Printed Name: _____

Doctor's Signature: _____

Doctor's Number: _____

Doctor's Email: _____