PARKINSON
ASSOCIATION OF ALABAMA, INC.

Patient Name: _____ Date of Birth: _____

I USE CARBIDOPA/LEVODOPA ENTERAL SUSPENSION (DUOPA):

Yes _____ No _____

If yes:

Surgery and Device Details:

Movement Disorder Neurologist:_____

Movement Disorder Neurologist Phone: _____

Surgeon:_____

Date of Implantation: _____

Daily Dosage Schedule (set out refrigerated cassette 20" before connecting)

Start Time: _____ Morning Dose: _____

Stop Time: _____ Continuous Dose Rate: _____

Extra Dose: _____ Time/s: _____

Titrated Dose/s: _____ Time/s: _____

Type of Tubing: AbbVie: ____ ENFit: _____

Date Last Tube Replacement: _____

Due to a fixed, interior bumper plate, AbbVie tubing should be removed endoscopically, if replacement is indicated.

DuoConnect RN Name: _____ Phone: _____

Device Rep Name: _____

Device Rep Phone: _____

My PEG-J tube for this device was implanted by a:

Gastroenterologist _____ Interventional Radiologist _____ General Surgeon _____

Name: _____ Phone: _____ (for tubing system complications)

• The DUOPA cassettes must be kept refrigerated (between 36°F to 46°F; do not freeze), but should be used at room temperature.
• 20 minutes prior to use, remove a cassette from the refrigerator. An opened cassette should not be re-used. If the cassette contents are yellowed, do not use them.
• Avoid sudden discontinuation or rapid dose reduction in patients taking DUOPA.
• If the pump is disconnected for less than 2 hours, do not supplement with oral medications.
• If imaging studies (ultrasound, ECG, CT scan, X-ray, MRI) are required, turn off the

Patient Name: _____ Date of Birth: _____

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SPECIAL CONSIDERATION REGARDING RYTARY For my Parkinson Disease I take Rytary which is a specialized extended-release formulation of carbidopa levodopa. The pharmacokinetics of Rytary are different from immediate-release carbidopa-levodopa (Sinemet) in that Rytary requires roughly 2-3 times the levodopa dose in Sinemet to achieve an equivalent peak plasma dopamine level. As such, a dose conversion must be applied if a temporary switch is made from Rytary to Sinemet. This requires different dosing and more frequent administration.

Rytary capsules should be swallowed whole to preserve their extended/timed-release properties.

My current Rytary regimen: _____

_____

If Rytary is not on the hospital formulary, if possible allow the patient's care partner(s) to bring in their home supply to be administered according to the normal outpatient regimen.

If the administration of Rytary is not possible (i.e. temporarily unavailable or the patient is only receiving enteral intake via NG tube) please substitute the following temporary regimen of immediate-release carbidopa-levodopa (aka Sinemet or Parcopa):

_____

_____

(completed by the patient's outpatient PD Neurologist)

Neurologist Name: _____

Neurologist Phone: _____

Patient Name: _____ Date of Birth: _____

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I HAVE A DEEP BRAIN STIMULATION DEVICE:

Yes _____ No _____

If yes:

Surgery and Device Details:

Movement Disorder Neurologist: _____

Movement Disorder Neurologist Phone: _____

Neurosurgeon: _____

Date of Implantation: _____

Manufacturer Name: _____

Product Name (IPG Model): _____

Device Rep Name: _____

Device Rep Phone: _____

Lead Location: Right Brain _____ Left Brain _____

Battery Type: Rechargeable _____ Non-rechargeable _____

Battery Location: Right Chest _____ Left Chest _____ Other _____

Date of last battery replacement _____

Considerations for DBS safety:

Contact manufacturer or movement disorder neurologist/neurosurgeon for device-specific instructions for diagnostic and/or therapeutic procedures, including but not limited to:

- MRI
- Electrocautery
- Laser procedures
- Diathermy
- Lithotripsy

Artifact may occur on EKG and EEG reports. If these studies are critical, contact the patient's neurologist and/ or the device Rep to see if DBS can be temporarily deactivated during the study.

Avoid sudden cessation of DBS stimulation. Contact the device manufacturer for assistance and instructions on device management, MRI safe mode, and turning the device on/off (i.e. for surgery.) Patients may have their own device programmer.