



30400 Telegraph Road Suite 150
Bingham Farms, MI 48025
Phone: (248)433-1011; (800)852-9781 Fax
(248)433-1150
www.parkinsonsmi.org
marysuel@parkinsonsmi.org

Critical Information for Caring for the
Patient with Parkinson's Disease.

Name: _____ DOB: _____
Family Contact: _____ Phone#: _____

I have Parkinson's disease (PD) which doctors diagnosed in _____ (year). Parkinson's disease
affects my ability to heal, recover, rest, participate in therapy, etc. If my Parkinson's disease is well
managed while I'm admitted, we will be better suited to achieve our goals for health and recovery.

WHAT IS PARKINSON'S DISEASE?

Parkinson's disease is a slowly progressive disorder, generally associated with trembling of the limbs,
stiffness, rigidity of the muscles and slowness of movement. An accelerated loss of the brain chemical
dopamine (a neurotransmitter which activates the message system from the brain to control movements)
causes this. To date there is no known cause and no cure; however, medications can control symptoms
for many years.

CHARACTERISTICS OF PARKINSON'S DISEASE

I may personally exhibit those symptoms which have been checked below.

- checkbox Rigidity checkbox Tremor
checkbox Bradykinesia (slowness of movement) checkbox Difficulty with balance
checkbox Depression checkbox Sleep disturbances
checkbox Dementia checkbox "Restless legs"
checkbox Speech problems (vocal softness, slurred and indistinct words) checkbox "Masked face" showing little or no
emotion with a staring expression
checkbox Drooling checkbox Difficulty swallowing
checkbox Constipation checkbox Difficulty in voiding
checkbox Dizziness checkbox Stooped posture
checkbox Swollen feet checkbox Excessive sweating
checkbox "On-off" symptoms (able to perform one minute, but not the next; this may be
related to timing of medications) checkbox Difficulty with walking (a decrease in
the natural arm swing, short shuffling
steps, difficulty turning, abrupt "freezing" spells)
checkbox _____ checkbox _____
checkbox _____ checkbox _____

checkbox I have a DBS (deep brain stimulation) implant. Questions should be directed to my DBS nurse _____
_____ at _____ or to Medtronic at 1-800-328-0810.

WARNING: Diathermy (therapy which uses high-frequency current) is completely contraindicated;
MRIs can only be done following strict guidelines.

COMPLICATING FACTORS

Factors that may worsen my condition are:

- not getting medications (particularly Sinemet®, Carbidopa/Levodopa) on time
taking Sinemet® with protein or iron
taking Sinemet® too soon or too late (more than 15 minutes) from the prescribed time
stress, anxiety, lack of exercise and/or the need for rest
being prescribed incompatible medications (see below)



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MY MEDICATION & DIETARY SCHEDULE

I must be given my medication(s) promptly at the times specified. If this is not possible, consult my admitting physician for authorization to administer my own medication, or alternatively, to have it administered by my caregiver. The timing of my medication is very important to help minimize my symptoms and “off” times. For example, **my Sinemet must be taken 30-60 minutes before or two hours after my meals**, because protein prevents the maximum amount of dopamine from reaching the brain.

YES NO For me, the relationship of protein consumption and medication timing greatly affects my condition. If this hospital or facility has a nutritionist, it would be helpful for me or my home care partner to speak directly with him/her.

YES NO For me the relationship of protein consumption and medication timing greatly affects my condition.

If I am not able to swallow, my medications may need to be crushed and administered by a stomach tube (exception: Sinemet CR must not be crushed) or the dissolvable form—Parcopa®—should be ordered. If I am on Sinemet and Total Parenteral Admixture; or TPN is proposed, my neurologist must first be contacted because the dosage may need to be adjusted.

| Medication | Dose | # of pills each dose | Times taken | Why I take this medication... |
|------------|------|----------------------|-------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Medications commonly used to treat PD:

DOPAMINE PRECURSOR:

Sinemet® and generic (carbidopa/levodopa 10/100, 25/100, 25/250; CR 25/100, CR 50/200)
 Rytary (extended-release carbidopa/levodopa 23.75/95; 36.25/145, 48.75/195, 61.25/245)
 Parcopa® (carbidopa/levodopa 10/100, 25/100, 25/250)
 Duopa (carbidopa/levodopa intestinal gel)

MAO INHIBITORS:

Eldepryl® and generic (selegeline) Azilect® (Rasagiline)

DOPAMINERGIC AGONISTS

Requip® and generic (ropinirole) Mirapex® and generic (pramipexole)
 Apokyn® (apomorphine) Neupro® (rotigotine)

COMT INHIBITORS

Comtan® & generic (entacapone)

GLUTAMATE ANTAGONIST

Symmetrel® (amantadine)

ANTICHOLINERGIC

Artane & generic (trihexphenidyl)

Cogentin & generic (benztropine)

MEDICATION SIDE EFFECTS

Parkinson's medications all have very similar side effects: nausea, dizziness, mental changes, hallucinations, confusion, involuntary movements, loss of appetite, dryness of mouth, lowered blood pressure. If these should occur or other medication issues arise, please contact my neurologist's nurse at

Medication changes are often necessary with Parkinson's disease and everyone responds differently to the medications. The doctor will need to know what has changed, how and when my medications work (reduced symptoms), and the timing of when they do not work. A medication diary noting changes may be helpful.

IMPORTANT MEDICATION INFORMATION

Medication concerns are not limited to the notes below; however, these are some of the more common medication reactions that some healthcare providers are not aware of.

- **MAO-B Inhibitors (selegiline, rasagiline):** DEMEROL MUST NEVER BE GIVEN WITH MAO-B inhibitors! To be safe, MAO-B inhibitors should be stopped for two weeks prior to surgery. It is imperative that the attending physicians verify and stipulate this interval.
- **COM-T Inhibitors (Stalevo/Comtan/Tasmar):** These medications can cause severe diarrhea which will resolve once the medication is changed. Contact the prescribing physician for directions.
- **Dopamine Agonists (see list on page 2):** Watch for obsessive behavior, hallucinations, and psychosis. Contact the prescribing physician for directions.
- **Atypical Anti-psychotics (Seroquel / Clozapine):** These drugs are utilized to help control behavioral problems in people with PD, but only after careful consideration by the treating neurologist, family and patient.
- **Narcotics:** Although pain control is the top priority, be aware that narcotics can more easily precipitate confusion in people with Parkinson's disease.

PD & SURGERY:

1. See note above regarding stopping Eldepryl/selegiline two weeks prior to surgery.
2. There should be no reason to skip PD medications prior to surgery even if directions are NPO (nothing by mouth) for 6-10 hours prior to surgery. Discuss with surgeon or anesthesiologist.
3. Restart PD medications (except eldepryl) as soon as possible after surgery even if NPO; discuss with surgeon.
4. Be aware that PD patients have a lower threshold response to analgesics (sedation/pain medications) and could experience hallucinations; however, this is not a contraindication (reason to avoid) their administration.

Other medications which may worsen Parkinsonian symptoms and should not, in general, be prescribed for a person with PD include:

NEUROLEPTICS

Haloperidol (Haldol®)
Chlorpromazine (Thorazine®)
Thioridazine (Mellaril®)
Molindone (Moban®)
Perphenazine (Trilafon®)
Perphenazine and amitriptyline (Triavil®)
Thiothixene (Navane®)
Flufenazine (Prolixin®)

GI / ANTI-NAUSEA RX

metoclopramide (Reglan®)
prochlorperazine (Compazine®)
trimethobenzamide (Tigan®)



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Additional concerns / comments / other conditions for which I am being treated:

NEUROLOGICAL ADVISORY

I feel that having ready access to a neurologist/doctor who is familiar with my condition is very important.

My neurologist is _____ Phone # _____

My family doctor is _____ Phone# _____

My home caregiver is _____ Phone# _____

Additional medical support

_____ Phone# _____

_____ Phone# _____

Optional: I concur with the above considerations: _____
Physician's Signature

Please Note: This guide is not intended to replace the orders of my admitting physician (s). I have chosen to use this guide to encourage communication among all my physicians, nursing staff and myself.

- I have an Advanced Directive. I have a Healthcare Power of Attorney.

CONTACT INFORMATION:
MICHIGAN PARKINSON FOUNDATION
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** Drawing from the experiences of those who have contributed to this publication, we recommend that, if hospitalized, you or your caregiver have sufficient copies of this leaflet to distribute: one to your admitting physician, one for the nurse on each shift (4), one for the attending surgeon if surgery is to be done, and one for the anesthesiologist.*

Developed by Parkinson's Resources of Oregon and OHSU's Parkinson Center of Oregon.



Parkinson's Resources of Oregon (PRO)
www.parkinsonsresources.org

Parkinson Center of Oregon (PCO) at Oregon Health & Sciences University - www.ohsu.edu/pco



Patient Name: _____

Date Updated: _____