Hello my name is ________________________ and I have Parkinson’s disease.

Important things to remember when caring for people with Parkinson’s

• To avoid serious side effects, provide Parkinson’s medications on time, every time — do not skip or postpone doses.
• Write down the exact times of day medications are to be administered so doses are given on the same schedule the patient follows at home.
• Do not substitute Parkinson’s medications.
• Do not stop levodopa therapy abruptly.
• Resume medications immediately following procedures, unless vomiting or severely incapacitated.
• If an antipsychotic is necessary, use pimavanserin (Nuplazid™), quetiapine (Seroquel®) or clozapine (Clozaril®).
• Be alert for symptoms of dysphagia (trouble swallowing) and risk of pneumonia.
• Ambulate as soon as medically safe. Patients may require assistance.

The Parkinson’s Foundation’s Aware In Care campaign aims to help people with Parkinson’s get the best care possible during a hospital stay. For more information please visit Parkinson.org/awareincare or call 1-800-4PD-INFO (473-4636).
## Medications that May Be Contraindicated in Parkinson’s Disease

<table>
<thead>
<tr>
<th>Medical Purpose</th>
<th>Safe Medications:</th>
<th>Medications to Avoid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotics</td>
<td>pimavanserin (Nuplazid™, FDA approved to treat Parkinson’s disease psychosis), quetiapine (Seroquel®), clozapine (Clozaril®)</td>
<td>avoid all other typical and atypical antipsychotics</td>
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<tr>
<td>Pain Medication</td>
<td>most are safe to use, but narcotic medications may cause confusion/psychosis and constipation</td>
<td>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect®), avoid meperidine (Demerol®)</td>
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<tr>
<td>Anesthesia</td>
<td>request a consult with the anesthesiologist, surgeon and Parkinson’s doctor to determine best anesthesia given your Parkinson’s symptoms and medications</td>
<td>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect®), avoid: meperidine (Demerol®), tramadol (Rybix®, Ryzolt®, Ultram®), droperidol (Inapsine®), methadone (Dolophine®, Methadose®), propoxyphene (Darvon®, PP-Cap®), cyclobenzaprine (Amrix®, Fexmid®, Flexeril®), halothane (Fluothane®)</td>
</tr>
<tr>
<td>Nausea/ GI Drugs</td>
<td>domperidone (Motilium®), trimethobenzamide (Tigan®), ondansetron (Zofran®), dolasetron (Anzemet®), granisetron (Kytril®)</td>
<td>prochlormethazine (Compazine®), metoclopramide (Reglan®), promethazine (Phenergan®), droperidol (Inapsine®)</td>
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<tr>
<td>Antidepressants</td>
<td>fluoxetine (Prozac®), sertraline (Zoloft®), paroxetine (Paxil®), citalopram (Celexa®), escitalopram (Lexapro®), venlafaxine (Effexor®)</td>
<td>amoxapine (Asendin®)</td>
</tr>
</tbody>
</table>

**Special Alert:** Drugs such as benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain may lead to confusion, hallucinations and other symptoms.

**Share this with your doctor**

If you have a Deep Brain Stimulation device (DBS):

**MRI Warning**
- MRI should not be performed unless the hospital has MRI experience imaging a DBS device safely.
- MRI should never be done if the pacemaker is placed anywhere other than the chest or abdomen.
- Under certain conditions, some DBS devices are safe for full-body MRI and do not need to be turned off. In other cases, devices should be turned to 0.0 volts and MRI should not be used to image structures of the body lower than the head, as dangerous heating of the lead could occur.
- Always check with your DBS team before having an MRI to make sure the procedure will be safe for you.

**EKG and EEG Warning**
- Turn off the DBS device before conducting EKG or EEG.
- Diathermy should be avoided.