

Hospitalization and Parkinson's



INOVA[®] | Parkinson's and
Movement Disorders Center

Speaker:
Dr. Drew Falconer

**Medical Director,
Movement Disorders
Specialist
IPMDC**

HOSPITALIZATION OF PD PATIENTS

- **Medication timing is key**
 - MJF Data – 95% of PD patients experience medication errors in hospital.
 - Where is the lapse:
 - **TIMING** of medication
 - Specific administration time is key, little flexibility with carbidopa/levodopa.
 - **CHANGING** to formulary
 - Sometimes not a 1:1 conversion, or reason for newer drug.
 - Allow home meds please, and stick to plan
 - **OVERLAY** of illness blamed on Parkinson's
 - Never stop or reduce their PD meds unless obviously the cause (just ask).
 - **ADMINISTRATION** of contraindicated medications

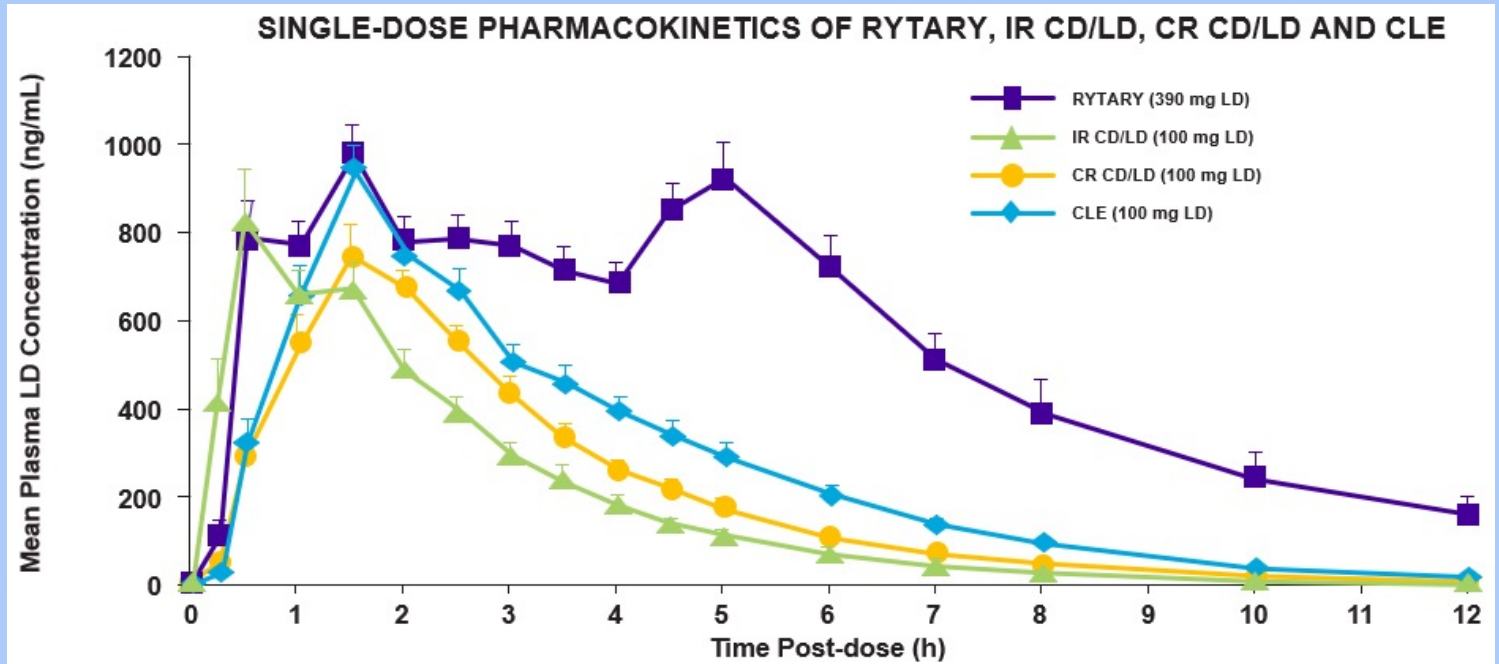
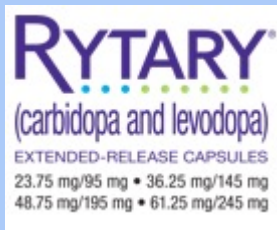
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EXAMPLE OF FORMULARY MISTAKE

Rytary

- Modern delivery system for carbidopa/levodopa.
- Can last from 5 to 8 hours compared to 2 to 3 hours for classic Sinemet.
 - 1 to 2 hours less off time, 2 hours more on time without dyskinesia.



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CONTRAINDICATED MEDICATIONS

Avoid

- haloperidol (Haldol) and most neuroleptics
- prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan) and droperidol (Inapsine)

- Selective MAO B inhibitors, such as rasagiline (Azilect), selegiline (l-deprenyl, Eldepryl), and selegiline HCL oral disintegrating (Zelapar) are contraindicated with commonly prescribed medications such as meperidine (Demerol) and tramadol (Rybix, Ryzolt, Ultram)

Considered safe

- pimavanserin (Nuplazid), quetiapine (Seroquel) and clozapine (Clozaril)
- trimethobenzamide (Tigan) and ondansetron (Zofran)

- Talk to your doctor before surgery!

HOSPITAL PATIENT CARE INFORMATION



Contact: (8 AM–6PM, M-F) 703-375-9987 (after hours) 703-845-1500

Important Information Related to the Care of Patients with Parkinson's Disease

For patients with Parkinson's disease, it is important that in addition to being treated for the condition that led to their hospitalization, their treatment for Parkinson's disease continues as prescribed by their neurologist. We hope that the information outlined below will assist you to provide the care your Parkinson's patient requires for the best possible outcome.

Most Important

Patients must take their Parkinson medications according to the schedule determined by their neurologist.

Unnecessary complications/serious harm, can occur when:

- medications are not given according to the patient's predetermined schedule
- there is a "window" before or after prescribed times
- medications are not available from the pharmacy
- a sudden change of medications (including substitution), or stoppage of medications occurs

We recommend:

- the patient and/or caregiver be allowed to self-administer the patient's Parkinson medications
- patients be permitted to use medications from their home supply, in their original containers
- the caregiver be present, where possible, to advocate for the patient

A Parkinson's patient's medications should NOT be changed without consulting the patient's neurologist.

Please contact our Movement Disorders Specialists. We are here to support you!

Call Inova Parkinson's and Movement Disorders Center at 703-375-9987 (business hours) or 703-845-1500 (after hours)

Parkinson Medications and Surgery

Prior to surgery: patients should be allowed to take their Parkinson medications as close to the time of surgery as possible, and if safe to do so, with a sip of water.

After surgery: patients should resume taking their Parkinson medication as soon as it is safe to do so.

Contraindicated Medications

Avoid

- haloperidol (Haldol) and most neuroleptics
- prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan) and droperidol (Inapsine)
- Selective MAO B inhibitors, such as rasagiline (Azilect), selegiline (l-deprenyl, Eldepryl), and selegiline HCL oral disintegrating (Zelapar) are contraindicated with commonly prescribed medications such as meperidine (Demerol) and tramadol (Rybix, Ryzolt, Ultram)

Considered safe

- pimavanserin (Nuplazid), quetiapine (Seroquel) and clozapine (Clozaril)
- trimethobenzamide (Tigan) and ondansetron (Zofran)
- To avoid potential interactions, it may be appropriate to hold the MAO B inhibitor for 2 weeks prior to surgery, and resume when pain is under control. If surgery is imminent, please use alternative medications for pain and check with the pharmacy or our neurologists for other potential drug interactions.

In addition:

Parkinson patients are prone to constipation. A diet high in fiber and water will be beneficial, and optimize medication absorption. A physical therapy evaluation prior to discharge can help the patient to move about safely and prevent falls. A speech language pathologist can perform a swallow evaluation should dysphagia develop. Should a nasogastric tube be required, carbidopa/levodopa 25/100 immediate release tablets can be crushed and administered via the tube.

Copies available from:

- www.ipmdc.org
- Sonia.Gow@inova.org

Print multiple copies and keep them with your Aware in Care Kit.

NEW TOOLBOX...AND GROWING

- Dopamine Agonist
- Carbidopa/Levodopa formulation
- MAOB inhibitor
- COMT inhibitor
- A2a agonists
- Amantadine derivatives
- Rescue Therapies
- Symptom specific therapies



MOVEMENT DISORDERS TEAM



(pimavanserin) tablets



THANK YOU!



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Stay up to date on all
of our center's offerings!

Sonia.Gow@inova.org
703-375-9987

www.inova.org/move

