

# Parkinson's Disease and Hospitalizations: Tips for Optimizing Your Inpatient Stay

Marian L. Dale, MD MCR  
Assistant Professor  
OHSU Neurology



# Goals

- It is important to have a plan in place for your Parkinson's care in case you need to be admitted for elective or emergent procedures.
- We will review tips for smooth inpatient stays, including common pitfalls regarding Parkinson's medications during hospitalizations.

# Plan For Today's Talk

- Pre-hospital planning
- Inpatient tips including discussion of medications
- Brief mention of Covid-19 considerations
- Stories from you & questions

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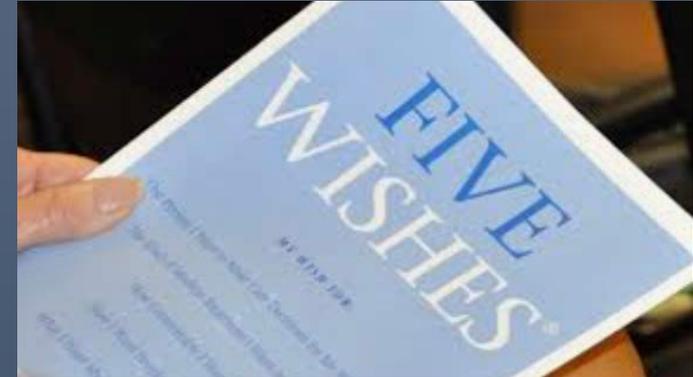
# Pre-Hospital Planning: Discharge Resources

- Rehabilitation Centers covered by your insurance?
- Rehab centers in your area that others with Parkinson's have found helpful (ask support group)?
- Equipment for home?
- Additional care partners at home?
- Home Health Agencies that service your area and are accepted by your insurance?
- Home Health agencies that have particular expertise in Parkinson's?
- Inpatient social work and discharge coordinators help with all this, but having an idea of options ahead of time is prudent



# Pre-Hospital Planning: Preferences & Wishes

- Do not resuscitate (DNR) or do not intubate (DNI) questions are standard for every admission order set
- If you do not specify with your care team, the default is “full code”
- Five Wishes workbook is a resource for talking through various scenarios with your family and care partners
- \$5, can produce legal advanced directive legal in 42 states
- Available in 29 languages
- Consider medical power of attorney
- Or do both!



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# Medications to Avoid

- Many antipsychotics:
  - haloperidol (Haldol)
  - ziprazodone (Geodon)
  - aripiprazole (Abilify)
- Certain antiemetics:
  - metoclopramide (Reglan)
  - promethazine (Phenergan)
  - chlorpromazine (Thorazine)

[Note of *temporary* worsening of tremor with:  
-prednisone and other steroids  
-inhalers with steroid components]



# Safer Medication Alternatives

- For confusion/agitation/mood stabilization:
  - quetiapine (Seroquel)
  - pimavanserin (Nuplazid)\*
  - lamotrigine (Lamictal)
- For nausea:
  - ondansetron (Zofran)
  - extra carbidopa (Lodosyn)\*
  - domperidone\*

\*= specialty medicine may be more difficult to obtain in inpatient setting



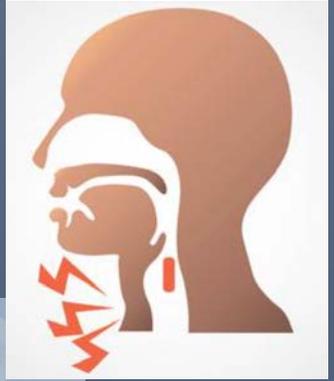
# Medication Timing

- Resume levodopa and other dopaminergic medications as soon as possible after being NPO for a procedure
- NPO= “nil per os”= nothing through the mouth
- Your Parkinson’s medication schedule will likely not match standard nursing medication administration times, which relate to their shifts and other structural issues
- Consider asking for specialized medication times (input in order set : daily at 6am, 10am, 2pm, 6pm” instead of “4x daily or qid”)
- Consider asking for self-administration of Parkinson’s medications only (more about this later, may not be allowed)
- If you have a specialty brand name Parkinson’s medication (i.e., Inbrija inhaler), ask during intake if you can use your supply from home as it may not be available in the hospital pharmacy



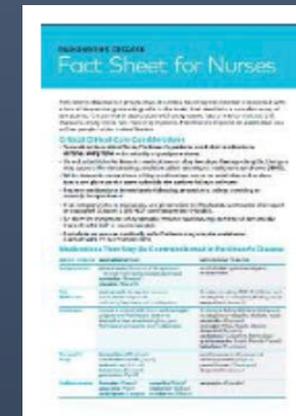
# Other Medical Issues

- Early PT, OT, and speech therapy
- If you have baseline swallow troubles: let nursing know which textures you normally eat
- If you have intermittent hallucinations: let the team know
- If you have blood pressure fluctuations (drops): let the team know
- If you feel suddenly more confused: there may be a new infection, i.e., urinary tract infection
- Patience, as there may also be an anesthesia effect (slow to come back to baseline)



# Parkinson's Foundation "Aware In Care" Kit

- Nurse fact sheets
- Medical Alert Card
- Hospital Action Plan
- Deep Brain Stimulation Info Card
- Duopa Info Card
- Free!
- Order online or download printable version



# Additional Aware In Care Tips



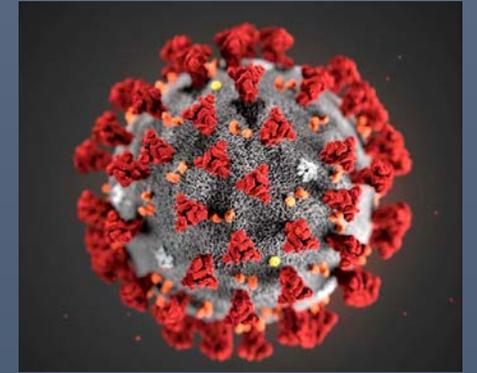
- Politely mention concerns regarding PD meds during nurse and physician intake (up-front)
- Don't wait until there is a big problem with medications to try to get on the same page with your inpatient care team
- Aware in Care Kit speaks strongly of advocating for yourself...
- But please also remember that nurses are under restrictions of hospital policies
- Early collaborative conversations are better than waiting & calling the patient advocate
- Your inpatient attending is ultimately responsible for your care (legally), not your outpatient Parkinson's provider
- They should collaborate as needed but your outpatient provider cannot write orders for you during your inpatient stay

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# A Brief Note On Covid-19 and Parkinson's

- Consider asking for self-administration of Parkinson's medications to ensure your regular schedule, especially as nurses may be more overwhelmed during Covid-19 crisis
- Urgent and emergent procedures are still important (weigh risks of waiting against risk of infection, particularly in Parkinson's patients who already have significant swallowing problems and are at higher risk of pneumonia)
- PT is still important for patients who may move minimally on their own and are at risk of complications from immobility (infections, worsening balance and falls)



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- *Stories from you & questions*

Stories From You About *What To Avoid*

Tips From You About *What Went Right*

# THANK YOU!!

## **OHSU Parkinson Center**

Mail Code: OP32

3181 SW Sam Jackson Park Rd

Portland, Oregon 97239-3098

Tel 503 494-7231

Fax 503 494-9059

[www.ohsu.edu/pco](http://www.ohsu.edu/pco)