

MEDICAL ALERT

I have **PARKINSON'S DISEASE**
which could make me move slowly and
have difficulty standing or speaking.

I AM NOT INTOXICATED.

Please call my family or physician for help.



**Parkinson's
Foundation**

1-800-4PD-INFO (473-4636)
www.parkinson.org

Important Medical Information for Healthcare Professionals

- To avoid serious side effects, Parkinson's patients need their medication **on time, every time** – do not skip or postpone doses.
- Do not stop levodopa therapy abruptly.
- If an antipsychotic is necessary, use pimavanserin (Nuplazid), quetiapine (Seroquel) or clozapine (Clozaril).
- **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.

Turn this card over for a list of contraindicated medications and important considerations if the patient has a brain device and needs an MRI/EKG/EEG.

MY NAME

HOME ADDRESS

EMERGENCY CONTACT

PHONE

PHYSICIAN

PHONE

ALLERGIES/OTHER MEDICAL CONDITIONS

MEDICATIONS THAT MAY BE CONTRAINDICATED IN PARKINSON'S DISEASE

Safe Medications:

Medications to Avoid:

ANTIPSYCHOTICS

pimavanserin (Nuplazid, FDA approved to treat Parkinson's disease psychosis), quetiapine (Seroquel), clozapine (Clozaril)

avoid all other typical and atypical antipsychotics

PAIN MEDICATION

most are safe to use, but narcotic medications may cause confusion/psychosis and constipation

if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid meperidine (Demerol)

ANESTHESIA

request a consult with the anesthesiologist, surgeon and Parkinson's doctor to determine best anesthesia given your Parkinson's symptoms and medications

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)

NAUSEA/GI DRUGS

domperidone (Motilium), trimethobenzamide (Tigan), ondansetron (Zofran), dolasetron (Anzemet), granisetron (Kytril)

prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan), droperidol (Inapsine)

ANTIDEPRESSANTS

fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), venlafaxine (Effexor)

amoxapine (Asendin)

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.