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*Aware in Care*®

**Better Lives. Together.**



## Presented by Marty Acevedo

Ambassador, Aware in Care, Parkinson's Foundation  
President, BOD, Parkinson's Assoc of San Diego  
Ambassador, Davis Phinney Foundation  
Advocacy Ambassador, Michael J Fox Foundation

**Better Lives. Together.**



# Potential Issues during Hospitalizations/ER Visits

How to prepare

**Better Lives. Together.**

# Why Are We Here Today?

## To help people affected by Parkinson's:

- Understand the risks associated with hospital stays.
- Get tools to play an active role in their care.
- Be prepared for a hospital visit, whether planned or unplanned.
- Develop strategies to get the best possible care in the hospital.

## To be *Aware in Care*®

# Physicians

Emergency Room Physicians - experts in high volume cases - i.e. sepsis, stroke, heart attack

Hospitalists - will be assigned to manage your care

Your neuro or MDS - won't know you're there

Intensivists - will manage your care in Intensive Care

Expert on YOUR PD - you and your care partner

Rigid rules related to timing of med dosing  
result in medication errors

Activity orders

Workload - as many as 5-7 patients/nurse

**BE VOCAL. BE PERSISTENT!!**

Medication substitution

Timing of medication administration

Method of dosing: Parcopa, Duopa, Usual medications

Utilization of patient's own medications

# Hospitals Are Safe, Right?

“They will call my neurologist.”

“The pharmacy will have my PD meds.”

“Staff will understand PD symptoms”

“They will bring me my meds on time.”

“They will know the drugs that are unsafe.”



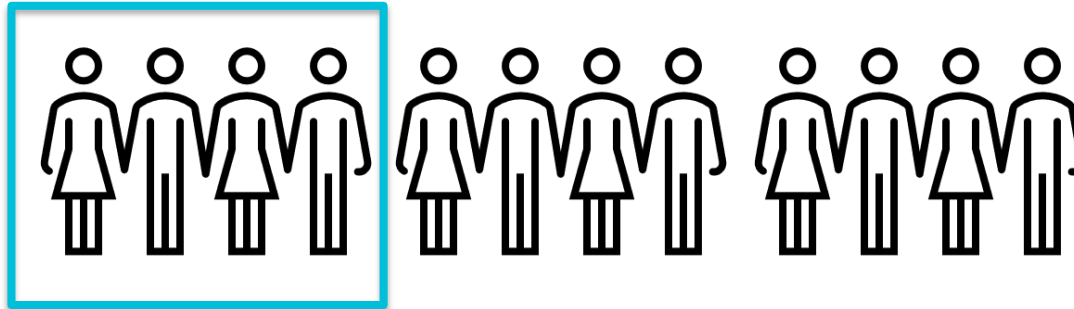
## Compared to control cohorts, PD patients have:

- Higher rate of hospitalization
  - 44% more often than their peers without Parkinson's.<sup>1</sup>
- Longer duration of hospitalization
  - by 2-14 days (varies across studies)<sup>1,3</sup>
- Avoidable complications are higher than for their peers without Parkinson's<sup>1,2,3</sup>
- Less likely to be sent home after hospitalization
  - On average 62.9% discharged to a facility (Assisted Living, Nursing Care, or Rehabilitation)
  - Only 33.2% discharged to their home
  - 3.9% resulted in inpatient mortality<sup>4</sup>

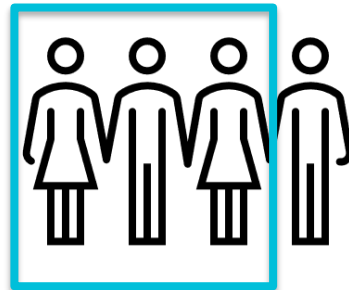
1. Aminoff MJ., et al. Parkinsonism and Related Disorders, 2010.
2. Derry CP, et al. Postgrad Med J., 2010. 86 (1016): 334-7
3. Guttman M, et al. Movement Disorders, 2004 19(1):49-53.
4. Mahajan 2016 J Clin Neurosci

# Imagine 12 people with Parkinson's

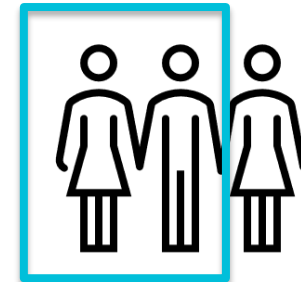
4 of them will  
be hospitalized  
this year.



Of those 4,  
3 won't get the  
right medicine  
on time



Of those 3,  
2 will have  
complications  
as a result



**2 of every 12 people with Parkinson's (or 1 in every 6) will have avoidable complications because the hospital doesn't understand their needs**

# Medication Changes - MODS

## Missed:

- Medications are **missed entirely** by error, often because PD is not mentioned or listed in the electronic medical record (EMR) if the presenting issue is not explicitly and directly related to PD.

## Omitted:

- Medication is **withheld intentionally** when a clinician **incorrectly** assumes that
  - NPO indicates that PD medications should also be omitted
  - Severe difficulty swallowing (dysphagia) justifies the omission of medication.

## Delayed:

- Medications are **not distributed precisely at the home schedule**, but rather follow the standard one-hour window and/or were set to the hospital standard distribution schedule.

## Substituted:

- Distribution of medication **other than the exact medication** taken by the patient because it is not available on formulary. Improper substitutions include exchanging:
  - Immediate release and continuous
  - Generic and name brand.

Anti-Parkinson medications are as necessary to a Parkinson's patient as insulin is to a diabetic.

“Often, PD medication schedules are changed in the hospital...This change may result in greater risk for disability and consequently an increased risk of accidents and other complications. The acute discontinuation of PD medications...can be life-threatening.”

MJ Aminoff\*, et al., Management of the hospitalized patient with Parkinson's disease: Current state of the field and need for guidelines. *Parkinsonism and Related Disorders*. 2011

# Why is this Happening?

- Lack of Awareness of the **critical importance** of Parkinson's medication timing.
- Lack of Awareness that **poorly managed Parkinson's** might result in mental confusion and other serious symptoms.
- Lack of Awareness that many common medications for pain, nausea, depression and psychosis are **unsafe** for people with Parkinson's.

Even in the **BEST HOSPITALS**  
Even when treated by **CENTERS OF EXCELLENCE**  
**UNLESS** we intervene

# What To Do???

- Insist upon right med, right time, every time for dosing of medications
- If NPO, consider Parcopa for levodopa
- For Surgery
  - Express concerns during pre-op visit
  - Talk to anesthesiologist
  - Consider conscious sedation, local or regional anesthesia
  - Continue meds until just before surgery
  - Restart meds asap
  - Have another person advocate for you

# Medications of Concern

## – AVOID

- Abilify
- Thorazine
- Haldol
- Risperdal

- Reglan
- Compazine
- Phenergan

## CAN BE USED

- Seroquel
- Clozaril
- Nuplazid

- Zofran
- Anzemet
- Granisol

# Always Remember -

Each person with PD has a **unique combination of medications and listed regimen.**

Each person with PD has the **best knowledge of their disease and other conditions** but may have communications challenges.

Care partners can have **all of the above information** and advocate for the person with PD.

The Aware in Care Materials should be used from **Admission through Discharge** to ensure best practices are followed



# ***Aware in Care* Is Here to Help**



**Person with Parkinson's**

**Healthcare providers**

**Care partner and family**

**Hospital/facility staff**



# Stories from the Helpline

“The doctor was about to give me Haldol... I said I looked it up in my kit and it’s not appropriate for people with PD...”

“This was my first time at a hospital when a nurse was aware of the importance of meds being on time for Parkinson's patients.”





Materials designed to help people with PD and Care Partners educate and advocate for better care in the hospital

- [Online Download \(Free\)](#)
- [Aware in Care Packet \(Free\)](#)
- [Aware in Care Kit \(\\$8 Shipping charge\)](#)

**To Download or Order Kit Materials, visit:**

**[Parkinson.org/AwareinCare](https://www.parkinson.org/AwareinCare)**

# Key Materials for People with PD

## Fact Sheet for Nurses (Tear-Off Pad):

Share vital information about Parkinson's with every member of your care team

### Highlights:

- Critical Care Considerations
- Medications to Avoid and Safe Alternatives
- Common PD Symptoms
- Typical PD Medications
- Info about DBS and Duopa

**PARKINSON'S DISEASE**  
**Fact Sheet for Nurses**

Parkinson's disease is a progressive, incurable neurological disorder associated with a loss of dopamine-generating cells in the brain that results in a complex array of symptoms. It is primarily associated with progressive loss of motor control, but there are many more non-motor symptoms. Parkinson's impacts an estimated one million people in the United States.

**Critical Clinical Care Considerations**

- To avoid serious side effects, Parkinson's patients need their medications **on time, every time** – do not skip or postpone doses.
- Do not substitute Parkinson's medications or stop levodopa therapy abruptly. Doing so may cause a life-threatening condition called neuroleptic malignant syndrome (NMS).
- Write down the exact times of day medications are to be administered so that doses are given on the same schedule the patient follows at home.
- Resume medications immediately following procedures, unless vomiting or severely incapacitated.
- If an antipsychotic is necessary, use pimavanserin (Nuplazid), quetiapine (Seroquel) or clozapine (Clozaril). DO NOT use haloperidol (Haldol).
- Be alert for symptoms of dysphagia (trouble swallowing) and risk of pneumonia. Consult with SLP if recommended.
- Ambulate as soon as medically safe. Patients may require assistance. Consult with PT if recommended.

**Medications That May Be Contraindicated in Parkinson's Disease**

MEDICAL PURPOSE	SAFE MEDICATIONS	MEDICATIONS TO AVOID
Antipsychotics	pimavanserin (Nuplazid, FDA approved for most Parkinson's disease psychosis) quetiapine (Seroquel) clozapine (Clozaril)	all other typical and atypical antipsychotics
Pain Medication	most are safe to use, but narcotic medications may cause confusion, dizziness and constipation	if patient is taking MAO-B inhibitor such as rasagiline or selegiline (Azilect), avoid meperidine (Demerol)
Anesthetics	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 rasagiline or selegiline (Azilect), avoid: meperidine (Demerol), tramadol (Ultram, Ryzolt, Rysoal, Ultram), droperidol (Droperidol), methohexal (Dulophin, Methohexal), cyclopropylolone (Dormin, Fenval, Flerval), halothane (Fluothane)
Nausea/Di Drugs	domperidone (Motilium) metoclopramide (Regin) ondansetron (Zofran) dolasetron (Anzemet) granisetron (Kytril)	prochlorperazine (Compazine) metoclopramide (Regin) promethazine (Phenergan) droperidol (Droperidol)
Antidepressants	fluoxetine (Prozac) paroxetine (Paxil) escitalopram (Lexapro)	sertraline (Zoloft) duloxetine (Cymbalta) venlafaxine (Effexor)
		amoxicapine (Axamin)

The Parkinson's Foundation **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](http://Parkinson.org/AwareInCare) or call 1-800-4PD-INFO (473-4636).

**Common Symptoms of Parkinson's Disease**

**Motor**

- Bradykinesia (slowness of movement)
- Decreased ability to swallow (dysphagia) and drooling
- Freezing – being stuck in place when attempting to walk
- Lack of facial expression
- Low voice volume or muffled speech
- Stiffness/rigidity of the arms, legs or trunk
- Stooped posture
- Tremor or shaking at rest
- Trouble with balance and falls

**Non-Motor**

- Anxiety
- Cognitive decline and dementia
- Constipation
- Depression
- Hallucinations and psychosis
- Impulse control disorders
- Orthostatic hypotension
- Pain
- Sexual dysfunction
- Sleep disturbances
- Urinary dysfunction

**Typical Parkinson's Medications**

L-DOPA	DOPAMINE AGONISTS
carbidopa/levodopa (Sinemet or Sinemet CR) carbidopa/levodopa oral disintegrating (Parcopa) carbidopa/levodopa/entacapone (Stalevo) carbidopa/levodopa extended-release capsules (Rytary) carbidopa/levodopa enteral solution (Duopa)	ropinirole (Requip) pramipexole (Mirapex) rotigotine (Neupro) apomorphine (ApoSyn)
MAO-B INHIBITORS	OTHER
rasagiline (Azilect) selegiline (Eldepryl) selegiline HCL oral disintegrating (Azilect) (Rytary)	amantadine (Symmetrel, Symmetrel) extended-release amantadine (Gocovri, Osmolex ER) formalbin
ANTICHOLINERGICS	COMT INHIBITORS
trihexyphenidyl (formerly Artane) benztropine (Cogentin) ethopropazine (Parlamin)	entacapone (Comtan) tolcapone (Tasmar) carbidopa/levodopa/entacapone (Stalevo) *not L-DOPA in formulation

**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.

**Consequences of Untimely Medication Administration:** As PD medications wear off motor symptoms return which can impact a patient's ability to function. PD patients are at risk for:

- Falls – due to rigidity, postural instability, freezing and bradykinesia
- Aspiration pneumonia – due to dysphagia from impairment in the muscles needed for swallowing
- Incontinence – due to rigidity and bradykinesia which impairs the ability to get to the bathroom
- Skin breakdown – due to the inability to change position freely
- Emotional distress – due to feelings of helplessness, frustration, anxiety, fear, depression, embarrassment.

**If the patient has deep brain stimulation device (DBS) or uses Duopa Therapy** consult the Deep Brain Stimulation (DBS) Precautions post card, Duopa Therapy Precautions post card, and the Special Considerations pages within the Hospital Action Plan.

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# Key Materials for People with PD

<p><b>MEDICAL ALERT</b></p> <p>I have <b>PARKINSON'S DISEASE</b> which could make me move slowly and have difficulty standing or speaking.</p> <p><b>I AM NOT INTOXICATED.</b> Please call my family or physician for help.</p>													
<p>MY NAME _____</p> <p>HOME ADDRESS _____</p> <p>EMERGENCY CONTACT _____ PHONE _____</p> <p>PHYSICIAN _____ PHONE _____</p> <p>ALLERGIES/OTHER MEDICAL CONDITIONS _____</p>													
<p><b>MEDICATIONS THAT MAY BE CONTRAINDICATED IN PARKINSON'S DISEASE</b></p> <table border="1"> <thead> <tr> <th>Safe Medications:</th> <th>Medications to Avoid:</th> </tr> </thead> <tbody> <tr> <td> <p><b>ANTIPSYCHOTICS</b> pimavanserin (Nuplazid, FDA approved to treat Parkinson's disease psychosis), quetiapine (Seroquel), clozapine (Clozaril)</p> </td> <td> <p>avoid all other typical and atypical antipsychotics</p> </td> </tr> <tr> <td> <p><b>PAIN MEDICATION</b> most are safe to use, but narcotic medications may cause confusion/psychosis and constipation</p> </td> <td> <p>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid meperidine (Demerol)</p> </td> </tr> <tr> <td> <p><b>ANESTHESIA</b> request a consult with the anesthesiologist, surgeon and Parkinson's doctor to determine best anesthesia given your Parkinson's symptoms and medications</p> </td> <td> <p>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid: meperidine (Demerol), tramadol (Rybit, Ryzoit, Ultram), droperidol (Inapsine), methadone (Dolophine, Methadose), propoxyphene (Darvon, PP-Cap), cyclobenzaprine (Amrix, Flexmid, Flexeril), halothane (Fluothane)</p> </td> </tr> <tr> <td> <p><b>NAUSEA/GI DRUGS</b> domperidone (Motilium), trimethoprim (Tigan), ondansetron (Zofran), dolasetron (Anzemet), granisetron (Kytral)</p> </td> <td> <p>prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan), droperidol (Inapsine)</p> </td> </tr> <tr> <td> <p><b>ANTIDEPRESSANTS</b> fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), venlafaxine (Effexor)</p> </td> <td> <p>amoxapine (Asendis)</p> </td> </tr> </tbody> </table>		Safe Medications:	Medications to Avoid:	<p><b>ANTIPSYCHOTICS</b> pimavanserin (Nuplazid, FDA approved to treat Parkinson's disease psychosis), quetiapine (Seroquel), clozapine (Clozaril)</p>	<p>avoid all other typical and atypical antipsychotics</p>	<p><b>PAIN MEDICATION</b> most are safe to use, but narcotic medications may cause confusion/psychosis and constipation</p>	<p>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid meperidine (Demerol)</p>	<p><b>ANESTHESIA</b> request a consult with the anesthesiologist, surgeon and Parkinson's doctor to determine best anesthesia given your Parkinson's symptoms and medications</p>	<p>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid: meperidine (Demerol), tramadol (Rybit, Ryzoit, Ultram), droperidol (Inapsine), methadone (Dolophine, Methadose), propoxyphene (Darvon, PP-Cap), cyclobenzaprine (Amrix, Flexmid, Flexeril), halothane (Fluothane)</p>	<p><b>NAUSEA/GI DRUGS</b> domperidone (Motilium), trimethoprim (Tigan), ondansetron (Zofran), dolasetron (Anzemet), granisetron (Kytral)</p>	<p>prochlorperazine (Compazine), metoclopramide (Reglan), promethazine (Phenergan), droperidol (Inapsine)</p>	<p><b>ANTIDEPRESSANTS</b> fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), venlafaxine (Effexor)</p>	<p>amoxapine (Asendis)</p>
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<p><b>Important Medical Information for Healthcare Professionals</b></p> <ul style="list-style-type: none"> <li>To avoid serious side effects, Parkinson's patients need their medication <b>on time, every time</b> – do not skip or postpone doses.</li> <li>Do not stop levodopa therapy abruptly.</li> <li>If an antipsychotic is necessary, use pimavanserin (Nuplazid), quetiapine (Seroquel) or clozapine (Clozaril).</li> <li><b>Special Alerts:</b> 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.</li> </ul> <p>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.</p>													
<p><b>Share this with your doctor</b> If you have a deep brain stimulation device (DBS):</p> <p><b>MRI Warning</b></p> <ul style="list-style-type: none"> <li>MRI should not be performed unless the hospital has MRI experience imaging a DBS device safely.</li> <li>MRI should never be done if the pacemaker is placed anywhere other than the chest or abdomen.</li> <li>Under certain conditions, some DBS devices are safe for full-body MRI and do not need to be turned off.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>Always check with your DBS team before having an MRI to make sure the procedure will be safe for you.</li> </ul> <p><b>EKG and EEG Warning</b></p> <ul style="list-style-type: none"> <li>Turn off the DBS device before conducting EKG or EEG.</li> <li>Diatheirmy should be avoided.</li> </ul>													

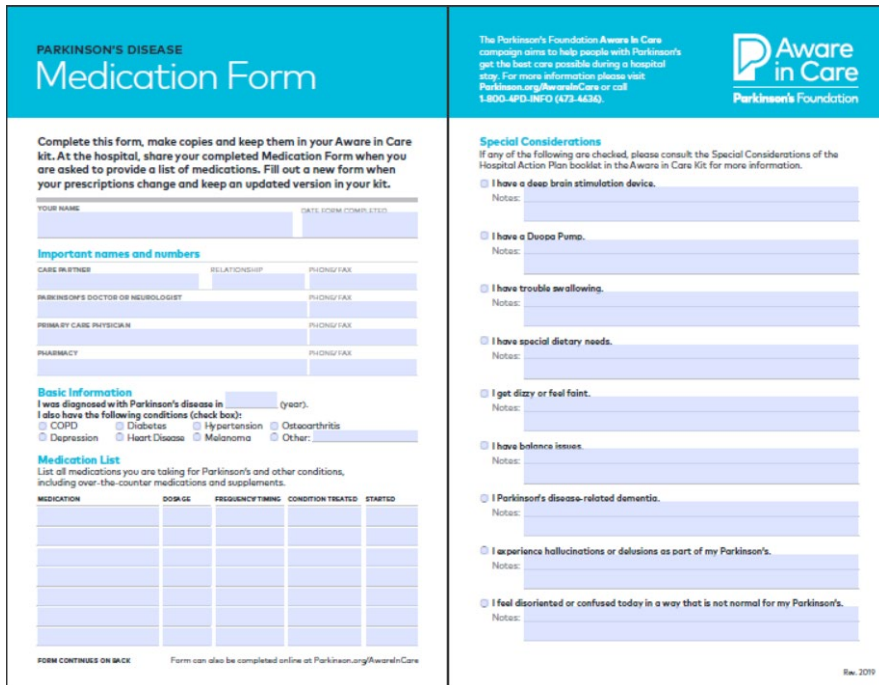
## Medical Alert Card

*Fill in your card with emergency contact information and place in your wallet.*

## Highlights:

- Personal Information
- Medications to Avoid and Safe Alternatives
- Important Medical Information for Healthcare Providers
- ***"I AM NOT INTOXICATED. Please call my family or physician for help."***

# Key Materials for People with PD



**PARKINSON'S DISEASE**  
**Medication Form**

Complete this form, make copies and keep them in your Aware in Care kit. At the hospital, share your completed Medication Form when you are asked to provide a list of medications. Fill out a new form when your prescriptions change and keep an updated version in your kit.

YOUR NAME: \_\_\_\_\_ DATE FORM COMPLETED: \_\_\_\_\_

**Important names and numbers**

CARE PARTNER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE/FAX: \_\_\_\_\_

PARKINSON'S DOCTOR OR NEUROLOGIST: \_\_\_\_\_ PHONE/FAX: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE/FAX: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ PHONE/FAX: \_\_\_\_\_

**Basic Information**

I was diagnosed with Parkinson's disease in \_\_\_\_\_ (year).  
I also have the following conditions (check box):  
 COPD  Diabetes  Hypertension  Osteoarthritis  
 Depression  Heart Disease  Melanoma  Other: \_\_\_\_\_

**Medication List**

List all medications you are taking for Parkinson's and other conditions, including over-the-counter medications and supplements.

MEDICATION	DOSE	FREQUENCY/TIMING	CONDITION TREATED	STARTED

FORM CONTINUES ON BACK Form can also be completed online at [Parkinson.org/AwareInCare](http://Parkinson.org/AwareInCare)

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## Medication Form

Complete this form and keep copies in your kit for use at the hospital. *If you download the form, you can fill it out on your computer before you print it out.*

## Highlights:

- Personal Information
- List YOUR medications with dosage, frequency/timing, etc.
- Check off YOUR Special Considerations (DBS, Duopa, Dementia, Confusion, etc.)



## Hospital Action Plan

*Read about how to prepare for your next hospital visit — whether it is planned or an emergency.*

### Highlights:

- Six Steps to Optimum Care
- Checklist For A Planned Hospital Stay
- Checklist For An Emergency Situation
- Special Considerations

Do Do Not  
have a DBS device.

**Medical professionals please note:**  
Electromagnetic interference (EMI) can damage DBS devices and cause harm to patients.

### Deep Brain Stimulation (DBS) Precautions

Patients with a DBS device will have one or two pulse generators implanted in their bodies connected by subcutaneous wires to the electrodes. A typical configuration is shown below.

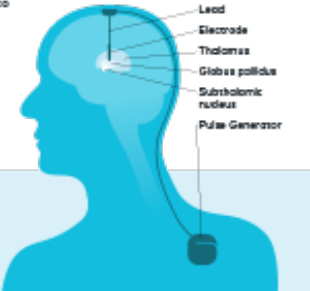
It is recommended that you consult with the appropriate medical professionals (prescribing or implanting clinicians) before initiating diagnostic or therapeutic procedures.

There may be device-specific safety instructions for diagnostic or therapeutic procedures, including but not limited to the following:

- CT Scan
- MRI\*
- EKG & EEG
- Diathermy
- Electrocautery
- Lithotripsy
- Laser procedures

\* See technical information for healthcare professionals at [medtronic.com/mri](http://medtronic.com/mri) or [medtronic.com/mri](http://medtronic.com/mri)

**DBS device anatomy (with possible bilateral implantation)**



## Deep Brain Stimulation Info Card

*If you have had a deep brain stimulator implanted, share this information with anyone providing medical care to you in the hospital.*

### Highlights:

- DBS Precautions
- What You Need to Know About DBS
- Checklist For An Emergency Situation
- Device-specific safety instructions for diagnostic or therapeutic procedures



# Precautions for DBS

Most HCP's have no  
knowledge of DBS

Will interfere with  
EKG/EEG

Are surgeon &  
anesthesiologist  
aware

May need to turn off -  
with electrocautery

MRI only with pre-  
authorization and  
with appropriate  
precautions


Caution with CT scan

NO Diathermy

Reminders to turn  
back on


I \_\_\_\_\_, use Duopa therapy.  
For patient-specific questions, please contact my neurologist:  
Dr. \_\_\_\_\_  
at \_\_\_\_\_

Duopa therapy is an enteral gel suspension of the Parkinson's disease medications carbidopa/levodopa. The gel as a suspension of carbidopa/levodopa 4.62mg/2.0mg per mL is administered by a pump connected to the body using a percutaneous endoscopic gastrostomy with jejunal tube (PEG-J tube). Shown below is a typical configuration. PEG-J styles may vary.



**There are 3 Components to Duopa Therapy**

- **PEG-J Tube** This is how the medication goes into your body directly to the intestine. To clean the tubing and prevent blockages, it should be flushed with a syringe before and after every pump use. Routine care will vary depending on the type of PEG-J tubing used.
- **Cassette** The cassette contains the gel carbidopa-levodopa. A new cassette must be used daily. A cassette can be used for up to 16 hours a day. Discard any leftover medication that is not used.
  - Each cassette contains a 2000mg of levodopa. Some people may need two cassettes in a day.
  - Cassettes must be stored in the refrigerator.
  - Cassettes, along with other supplies, are shipped directly from a patient-specific specialty pharmacy.
- **Duopa Pump** The pump is specifically programmed for your individual needs. Pump settings include:
  - Morning dose: A large amount of medication is given in the morning to get to an ideal "on" state, before switching to a lower continuous dose the rest of the day.
  - Continuous dose: Medication is infused continuously at the same hourly rate to help you maintain the ideal "on" state and help prevent bothersome motor fluctuations.
  - Bora dose: As-needed doses may be available to control unexpected "off" time.



## Duopa Info Card

*If you use the Duopa pump, share this information with anyone providing medical care to you in the hospital.*

### Highlights:

- Three Components to Duopa Therapy
- What You Need to Know about Duopa Therapy
- Duopa Therapy Precautions

# Precautions with Duopa

Many HCP's do not  
know about  
Duopa/pumps

Contact MDS or rep if  
pump not utilized

Pump is not water  
proof

**NEVER** stop infusion  
from pump abruptly

Precautions with  
ultrasound, MRI,  
EKG, and xray

Assure that your  
surgeon and  
anesthesiologist are  
aware

# Physical Therapy and Speech Therapy

Ask for PT eval and  
treat

Get up and move!

Risk for loss of lean  
body mass

Risk for debilitation

Risk for dysphagia

Speech therapy  
consult

Evaluate for swallow  
function, cognition,  
speech

Risk for aspiration  
pneumonia

Ask for a nutrition consult  
with Registered Dietitian

If timing of meals and  
medication dosing are  
problematic

If NPO (no food by mouth)

If enteral (tube) feedings are  
required

If you are not tolerating  
food/liquids

Your Movement Disorder  
Specialist likely will not  
see patient in hospital

Ask that your movement  
disorder  
specialist/neurologist be  
notified of admission

Ask for Neurology  
hospitalist consult

# Aware in Care Summary

*Aware in Care*® is a national campaign to:

Prepare and empower people with Parkinson's disease, through tools and information, to be your own advocate in the hospital setting, and an engaged partner in your healthcare overall.

Educate healthcare providers and staff to help people with Parkinson's get the best possible care while in the hospital (or other in-patient setting – rehab, LTC, etc.).



## Parkinson's Foundation Volunteers trained to:

### *Educate the Community*

If people with Parkinson's know what they need, they are more likely to get appropriate care.

### *Educate Clinicians who treat Parkinson's*

If clinicians help spread the word about resources, we can share them with more people with Parkinson's.

### *Educate Hospital Staff*

If staff know what people with Parkinson's need and why, they are more likely to adjust the care given.

***Aware in Care Is Made Possible by...***



EDMOND J. SAFRA  
PHILANTHROPIC FOUNDATION

***...And individuals like you. Thank you for your support.***



# The Parkinson's Foundation

The Parkinson's Foundation makes life better for people with Parkinson's disease by **improving care** and **advancing research toward a cure**. In everything we do, we build on the energy, experience, and passion of our global Parkinson's community.

Learn more online at [Parkinson.org](https://www.parkinson.org) or call the Parkinson's Foundation Helpline at 1-800-4PD-INFO.