

# Potential Issues Related to Hospitalization

For People with Parkinson's Disease

A dark blue diagonal graphic that starts from the bottom left corner and extends towards the top right corner, covering the lower half of the page.





**DAVIS PHINNEY**

**Foundation For Parkinson's**

*every victory counts®*

# Hospital Procedures, Policies, and “Rules”: *Pharmacy*

- Medication substitution
- Timing of medication administration
- Method of dosing:  
Parcopa, Duopa, Usual medications
- Utilization of patient’s own medications

# *Nursing*

- Rigid rules related to timing of med dosing
- Medication errors
- Activity orders
- Workload - as many as 5-7 patients/nurse
- Charting/documenting
- **BE VOCAL. BE PERSISTENT!!**

# *Physicians*



- Hospitalists
- Intensivists
- Emergency Room docs
- Limited knowledge of care or patient with PD
- Likely will NOT see your MDS
- YOU are expert on YOUR PD

# Anesthesia and Surgery

Medications used for anesthesia WILL affect PD

Drug-Drug Interactions

Typically, one hour of anesthesia creates 2 weeks of recovery time

Propofol inhibits neuron activity and increases risk for postop complications

Often causes marked dyskinesia and dystonia

# Potential Complications from Anesthesia

- Aspiration pneumonia
- Urinary tract infections
- Increased fall risk
- Sepsis
- Dysphagia
- Gastroparesis
- Low blood pressure
- Parkinson's hyperpyrexia syndrome (temperature modulation issues)
- Constipation
- Ileus
- Delayed recovery from anesthesia



# What to do?



- 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

# Considerations for people with Parkinson's who have DBS

- NO MRI - unless preapproved and precautions followed
- May need to turn off - especially if electrocautery used
- WILL interfere with EEG, EKG
- NO diathermy

# Change in Environment



# Medication Considerations

- Insist upon right time, every time for dosing of your medications
- Insist that no substitutions allowed
- If NPO, consider Parcopa for levodopa
- Enteral (tube) feedings will change effectiveness of meds
- Again RIGHT TIME, EVERY TIME
- Contact pharmacy or charge nurse

# Medications to Avoid: *Anti-Hallucination*

- Abilify
- Thorazine
- Haldol
- Risperdal

## ***CAN BE USED:***

- Seroquel
- Clozaril
- Nuplazid

Medications to  
Avoid:  
Anti-Nausea  
(if used, will  
worsen PD  
symptoms)

- Reglan
- Compazine
- Phenergan

***CAN BE USED:***

- Zofran
- Anzemet
- Granisol

# 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

# Precautions for DBS

Many HCP's do not know about DBS

Caution with CT Scan

Will interfere with EKG and EEG - turn off for readings

No Diathermy

Assure surgeon and anesthesiologist are aware

Assure that MRI is safe for DBS and that techs are trained

Electrocautery - may need to turn off



# Precautions for Duopa

Many HCP's do not know about Duopa

Contact MDS if Duopa pump not used

Pump is not water proof

Do NOT stop abruptly

No ultrasound

No MRI

No EKG

Assure surgeon and anesthesiologist are aware

# Advanced Directives Power of Attorney (Healthcare and Financial)

Provide copy of your advanced directive to hospital

POLST - provide copy to hospital every time admitted

Discuss with family your wishes

# Develop your PLAN for hospitalization

Be VOCAL - tell everyone that you have PD; share your story again and again

Educate your providers; Do not assume that your HCP knows about PD

Meds MUST be given on time, every time. ASK to take own meds

Do NOT allow substitutions

Your care partner is there to act as your advocate

# PLAN – continued

Alert your MDS

Ask for charge nurse, chief pharmacist

Ask for patient advocate

Ask for neuro consult - insist that your MDS is notified

**BE YOUR OWN ADVOCATE**

# Pilot program for Change

Aware in Care  
Ambassadors - San Diego

Five Ambassadors on team

Pilot Program at UCSD

Develop standardized  
procedures

Embed specific orders in  
electronic medical record  
when PwP admitted to ER  
or hospital

# Real Life Stories of Experiences with people with Parkinson's while hospitalized



Ambassador, Davis Phinney  
Foundation  
Ambassador, Aware in Care, PF  
BOD, Parkinson's Association of SD

Contact me for questions,  
concerns

Suggestions for Pilot  
Program - team developing  
in September, 2019

Marty Acevedo, MS, RDN

[martyandace@gmail.com](mailto:martyandace@gmail.com)

760-522-8145