

MEDICATION AND INFECTION

MEDICATION SIDE EFFECTS

Levodopa may result in side effects after long term treatment. The most common of these is dyskinesia (involuntary movements). It is vital hospital staff are aware this is a side effect and not a symptom of Parkinson's. The timing of dyskinesia should be noted in relation to medication timing. Stress will worsen dyskinesia and, following surgery, dyskinesia may be exacerbated.

Hallucinations are also a side effect frequently experienced by people with Parkinson's following long-term treatment with levodopa.

ANAESTHETIC AFTER EFFECTS

People with Parkinson's may experience hallucinations following an anaesthetic even if this has not been experienced as described above. It is vital the patient, family and nursing staff are aware of this. If the patient appears distressed or confused, it is recommended that the occurrence of hallucinations is queried.

The use of anti-psychotic medications may worsen the symptoms of Parkinson's. Discussion with the treating neurologist or specialist is recommended.

INFECTION EFFECTS

If people with Parkinson's are affected by an infection, such as a urinary tract or chest infection, they may experience confusion, falls and/or hallucinations.

DEEP BRAIN STIMULATION (DBS)

Some people with Parkinson's may have had DBS, which involves the placement of electrodes into the brain, and a battery powered stimulator in the upper chest wall. Some DBS devices can now undergo full body MRI under specific conditions. Please refer to your clinician or Medtronic representative if you require an MRI (to confirm your eligibility). All forms of diathermy treatments (shortwave, microwave and ultrasound) are contra-indicated for people who have a Deep Brain Stimulator in place.

PLANNING FOR IN-PATIENT STAY

As Parkinson's is a complex condition affecting all aspects of daily living, it is recommended you discuss any planned hospitalisation with your specialist/nurse specialist in advance. In addition, it is recommended you provide the following information to the hospital:

- copy of medication list with dosages and times
- copy of *Medications to be Used with Caution* brochure
- copy of *Parkinsons & Hospitalisation: Guidelines* brochure.

IN THIS TOGETHER
parkinson's

FREE CALL 1800 644 189

Prepared in collaboration with:

- Parkinson's ACT - www.parkinsonsact.org.au
- Parkinson's NSW - www.parkinsonsnsw.org.au
- Parkinson's NT - www.parkinsonssa.org.au
- Parkinson's QLD - www.parkinsonsqld.org.au
- Parkinson's SA - www.parkinsonssa.org.au
- Parkinson's TAS - www.parkinsonstasmania.org.au
- Parkinson's VIC - www.parkinsonsvic.org.au
- Parkinson's WA - www.parkinsonswa.org.au

June 2019 © Parkinson's Western Australia Inc.

inbrief

PARKINSON'S AND HOSPITALISATION: GUIDELINES



IN THIS TOGETHER
parkinson's

WHAT IS PARKINSON'S?

Parkinson's is a progressive neurological condition related primarily to the loss of dopamine producing cells within the midbrain. This condition may affect every aspect of daily living - both motor and non-motor, and the symptoms may fluctuate.

The medical management of the condition may require hospitalisation for medication changes and monitoring of response to medications. In addition, people with Parkinson's may be hospitalised due to other medical conditions and/or medical emergencies. In-patient hospital stays can be challenging for both the patient and the staff caring for them.

This brochure is intended to assist people with Parkinson's to prepare for hospitalisation and address potential problems that may be encountered during a hospital stay. Hospital staff will also benefit from this information. The overall goal is for a safe hospitalisation with positive outcomes.

COMMON CHALLENGES

- medication contra-indications
- medication interactions
- medication timing
- medication side effects
- anaesthetic after effects
- infection effects
- deep brain stimulation
- planning for in-patient stay

MEDICATION CONTRA-INDICATIONS

People with Parkinson's must not have some medications commonly used to treat nausea, vomiting and dizziness. The most common of these medications are:

- Maxolon® and Pramin® (metoclopramide)
- Stemetil® and Stemizine® (prochlorperazine)

Medications commonly used to treat confusion and agitation are also contra-indicated. The most common of these medications are:

- Serenace® (haloperidol)
- Neulactil® (pericyazine)
- Risperdal® (risperidone)

These medications are contra-indicated because of their dopamine receptor blocking action which will result in worsening of Parkinson's symptoms.

MEDICATION INTERACTIONS

People with Parkinson's who are taking Azilect® (rasagiline), Selegiline®, Eldepryl®, Selgene® (selegiline hydrochloride), Xadago™ (safinamide) **must not have Pethidine®** as this may result in a potentially fatal medication interaction.

People with Parkinson's taking Azilect® (rasagiline), Selegiline®, Eldepryl®, Selgene® (selegiline hydrochloride), Xadago™ (safinamide) may not be able to take some types of anti-depressants unless supervised by the treating neurologist, geriatrician or physician.

People with Parkinson's using Movapo®, or Apomine® (apomorphine) must not be given Zofran® (ondansetron).

MEDICATION TIMING

Levodopa (Sinemet®, Madopar®, Stalevo®, Kinson®, Levo/Carbidopa®, Carbidopa and Levodopa) is used for the treatment of Parkinson's. These medications have a short half-life and it is imperative they are given on time according to the individual regime of the person with Parkinson's.

If hospital policy allows and the person with Parkinson's is competent, self-medication would be an ideal compromise. If this is not possible, adherence to the timing of medications is the responsibility of the nurse. Correct timing of medication dictates the ability of people with Parkinson's to mobilise, communicate and maximise independence.

In hospital, medications are dispensed from pharmacy labelled containers. The use of personally filled dossette boxes is against hospital policy. Similarly, Webster Packs may not be allowed.

Levodopa therapy should not be abruptly discontinued. Patients fasting for surgery should continue with their levodopa in consultation with the anaesthetist.

Following surgery, as directed by the anaesthetist, levodopa therapy should be reintroduced as soon as possible. Without levodopa, people with Parkinson's will have impaired mobility, bradykinesia and slower response to spoken word.