

# PREPARE FOR YOUR HOSPITAL STAY

## BRING THE FOLLOWING INFORMATION WITH YOU:

Make copies of your completed “Daily Medication Log” to give to your nurses and doctors. Remember to update this each time your medications are changed.

### List of Medications You Should Not Have

Common anti-hallucination and anti-nausea medications can worsen movement. Both nausea and hallucinations can occur with certain medications and during illness.

**Note:** This is not a complete list of medications to avoid. If you have questions about other medications, ask your pharmacist or doctor.

### Anti-Hallucination Medications to Avoid

**Note:** The anti-hallucination medications Pimavanserin (Nuplazid), Quetiapine (Seroquel) or Clozapine (Clozaril) can be used for hallucinations and psychosis. The following should be avoided:

- Aripiprazole (Abilify)
- Chlorpromazine (Thorazine)
- Flufenazine (Prolixin)
- Haloperidol (Haldol)
- Molindone (Moban)
- Perphenazine (Trilafon)
- Perphenazine and amitriptyline (Triavil)
- Risperidone (Risperdol)
- Thioridazine (Mellaril)
- Thiothixene (Navane)

### Anti-Nausea Medications to Avoid

- Metoclopramide (Reglan)
- Phenothiazine (Compazine)
- Promethazine (Phenergan)



## Medications to Avoid if You Are on Rasagiline (Azilect) or Selegiline (Eldepryl)

- Pain medications meperidine (Demerol), tramadol (Ultram) and methadone
- Antispasmodic medication (Flexeril)
- Dextromethorphan (cold medication) and ciprofloxacin (antibiotic)

**Note:** This is not a complete list of medications to avoid. If you have questions about other medications, ask your pharmacist or doctor.

**If you have DBS:** Bring the name and contact number for your neurologist, DBS programmer and device manufacturer, along with a document of tests, medications and procedures that require medical consent from your neurologist. Consider using the “DBS Medical History” form to collect and share this information.

Bring copies of the “Current Symptoms Summary,” as certain symptoms such as swallowing, dizziness, constipation and confusion could worsen in the hospital and these symptoms could influence your treatment decisions.

### Inform Hospital Staff

- Highlight your need for medications on time.
- Discuss what you can do when the medications are “on” and when they are “off,” so that they are aware of any potential changes in your movement. This is an opportunity to reinforce the need to get your medications on time.
- Describe your dyskinesia and freezing episodes and when they occur, as these symptoms may be unfamiliar to your hospital treatment team.

### What to Ask for During Your Hospitalization

- Physical therapy, occupational therapy, speech/swallowing therapy, especially if you have trouble with balance, swallowing and general mobility.
- Chaplain services or social work consult for support of you or loved ones.

### What to Know or Ask Before Discharge

- Have your neurologist and primary care physician been notified of your condition while in the hospital?
- When should you see your primary care physician?
- Should you get additional rehabilitation such as physical therapy?
- What important tests, procedures or new diagnosis have you had?
- What medications have been changed and why?
- How do you get a copy of the hospital records sent to your doctor?

## ▶ **Advanced Directives**

The following advanced directives ensure that your rights and personal wishes are respected in the event of a medical emergency or change in your health status in which you are unable to make decisions for yourself. Many options are available to help you determine these, and each document should be reviewed by your attorney to ensure your wishes are accurately recorded. Check with the department of health in your state or country for additional guidance.

**Medical Power of Attorney:** This document gives a designated person the power to make medical decisions for you in the event that you are incapacitated and unable to do so.

**Durable Power of Attorney:** This document gives a designated person the power to make certain legal, financial and disability decisions for you in the event that you are incapacitated and unable to do so.

**Living Will or Healthcare Directive:** This is a written document that specifies what type of medical treatment you desire if you become incapacitated.

It is a good idea to also bring a signed statement identifying a friend or family member who your doctors can talk to about your treatment.

### **Summary of Hospital Document Checklist**

- Bring “Daily Medication Log”
- List of medications to avoid
- Bring “Current Symptoms Summary”
- Advanced directives
- Bring “DBS Medical History” (if applicable)