



# *PARKINSON'S DISEASE: WHAT YOU NEED TO KNOW IF YOU ARE HOSPITALIZED*



*By*

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# Objectives

- *Review recommendations during admission as they relate to:*
  - ❖ *Medications*
  - ❖ *Activity / Mobility*
  - ❖ *Communication among health care providers*
  - ❖ *Fall prevention*
  - ❖ *Inpatient therapy*
  - ❖ *Preparation for discharge*



# *Significance of the Problem*

- *PD is the 3<sup>rd</sup> most common diagnosis in outpatient Neurology clinics*
  - ❖ *Over the age of 65, PD is the most common diagnosis*
- *PD is the 2<sup>nd</sup> most common neurological reason for home care in those over 65*
- *PD accounts for 2-7% of US nursing home population*



# *Significance of the Problem*

- *The population is aging*
- *Most PD patients are admitted to hospitals for reasons OTHER than PD*
  - ❖ *Medical diagnoses*
  - ❖ *Surgical procedures*
  - ❖ *Diagnostic testing*
- *Nurses in ALL areas of the hospital will be involved in your care*
- *Proper BASIC knowledge & care can prevent a long & complicated hospitalization that is clearly avoidable*
- *Take an active role in your care*



# ADMISSION RECOMMENDATIONS

## ■ *Your health care providers*

### ❖ *Team members*

#### ● *Hospitalist*

- ▶ *Most patients are ADMITTED to the hospital by “hospitalists” or specialists*
- ▶ *Nurse*
- ▶ *Patient care technician (PCT)*
- ▶ *Case manager*
- ▶ *PT, OT, ST*

### ❖ *Your primary care provider most likely will NOT be directly involved in your care*



# ADMISSION RECOMMENDATIONS

- ❖ *Ask to get your neurologist involved if they are not*
- ❖ *If your neurologist is not on staff, obtain a neurology consult & have the two communicate about your condition*
- ❖ *Provide accurate information on your current condition*
  - *Keep a written record of your:*
    - ▶ *Past medical history*
    - ▶ *Past surgical history*
    - ▶ *Specialists that you see*
    - ▶ *Current medications you take*
    - ▶ *All allergies and drug side effects*



# ADMISSION RECOMMENDATIONS

## ■ Medications

- ❖ *Provide correct PD medication regimen*
  - *Include urinary, bowel, etc preparations*
- ❖ *Correct list of ALL medications in general*
  - *Even those taken on an irregular basis*
  - *Include vitamins, herbs and alternative medicine preparations*
- ❖ *Correct doses of each medication*
- ❖ *Time medications are taken (be specific)*
  - *Not every 3 hours or 4 times a day*
  - *Give specific times & reinforce the need for promptness*
    - *Hospital policies (usually allow one hour before or after scheduled time of dose)*



# ADMISSION RECOMMENDATIONS



## ■ Medications

### ❖ BRING YOUR OWN MEDICATIONS

- *Medications need to be in their original containers*
- *Many hospitals do not keep all PD medications in their pharmacy (especially newer medications)*
- *Ask your provider to allow you to take your own medications at your specific times*
- *Communicate to your nurse when and what medications you take so they can be documented in the medical record*







# ADMISSION RECOMMENDATIONS

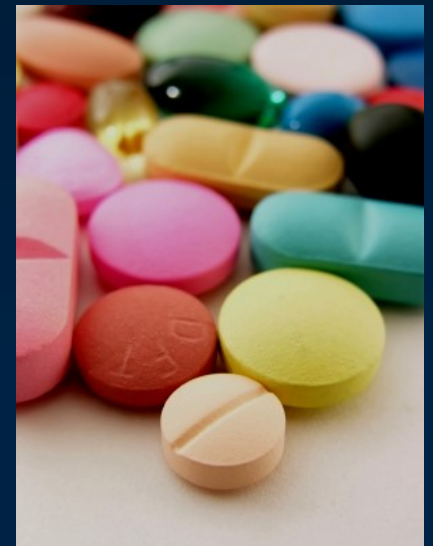
- *Do not HOLD PD meds prior to surgery or procedures*
  - ❖ *Remind providers that you need your medications (with a sip of water) to function even if your are not suppose to eat or drink prior to a procedure*
- *If possible, take PD meds 1 hour prior to or 2 hours after meals or avoid proteins if taken with meals (protein inhibits absorption)*





# ADMISSION RECOMMENDATIONS

- *Any kind of STRESS increases PD symptoms & may require an increase in medication dosing or to shorten intervals during & shortly after hospitalizations (usually not permanent)*
  - ❖ *Physical stress*
  - ❖ *Psychological stress*
  - ❖ *Physiological stress*



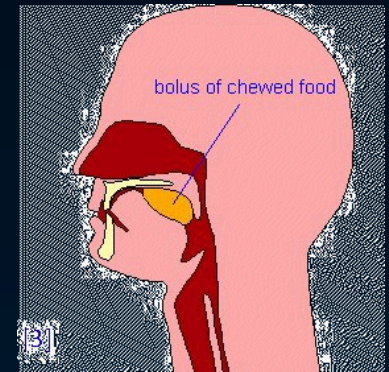


# *Medications Precautions During Hospitalization*

- *\*\*\*\*PD patients are VERY sensitive to narcotics and sedatives regardless of their size\*\*\*\**
- *Analgesia*
  - ❖ *AVOID Meperidine (Demerol)*
  - ❖ *USE Morphine, Fentanyl, Dilaudid, Vicodin, Percocet*
- *Anti-emetics*
  - ❖ *AVOID Phenothiazines, Droperidol, Metoclopramide*
  - ❖ *USE Ondansetron, Dexamethasone, Pepcid*
- *Sedation*
  - ❖ *AVOID typical anti-psychotics (Haldol)*



# Dysphagia



- *Difficulty swallowing*
- *Potential for aspiration*
  - ❖ *PD patients usually have biggest difficulty in the INITIATION of swallowing*
  - ❖ *Maintain medication schedule (highest risk during “wearing off” time)*
  - ❖ *Get up to chair for ALL meals if able*
  - ❖ *Proper swallow strategies*
    - *Chin tuck*
    - *Small bites*
    - *Thin vs thick liquids*



# *Strategies for Mobility*

- *Take PD meds ½ to 1 hour prior to any activity*
- *B/P should be taken while sitting prior to getting out of bed to detect drops during vertical positions (orthostatic hypotension)*



# *Strategies for Mobility*

- *Getting out of a chair/bed*
  - ❖ *Staff should use gait belt when assisting you out of bed*
  - ❖ *Use chairs with arm rests & anti-skid devices*
  - ❖ *Wear shoes/slippers that don't allow feet to slide of floor*
  - ❖ *Scoot to the edge of the chair*
  - ❖ *Place feet close to chair and chin/nose over toes*
  - ❖ *Hold armrests and push to stand*
  - ❖ *Use large lower extremity muscles (thighs)*











# *Strategies for Mobility*

## ■ *Fall prevention strategies*

- ❖ *Keep equipment close to bedside or chair*
- ❖ *Keep call light, glasses, cups within easy reach*
- ❖ *Keep meds close (don't reach too far)*
- ❖ *Call and ask for assistance/do NOT get up alone unless instructed to do so*
- ❖ *You will be considered a "FALL RISK"*



# *Strategies for Mobility*

- *Fall recovery strategies*
  - ❖ *Turn prone*
  - ❖ *Crawl to nearest stable object*
    - *Bed, chair, couch, grab bars*
  - ❖ *Pull to sitting or standing position*
  - ❖ *Use gait belt*
  - ❖ *Portable phone or Emergency access system*









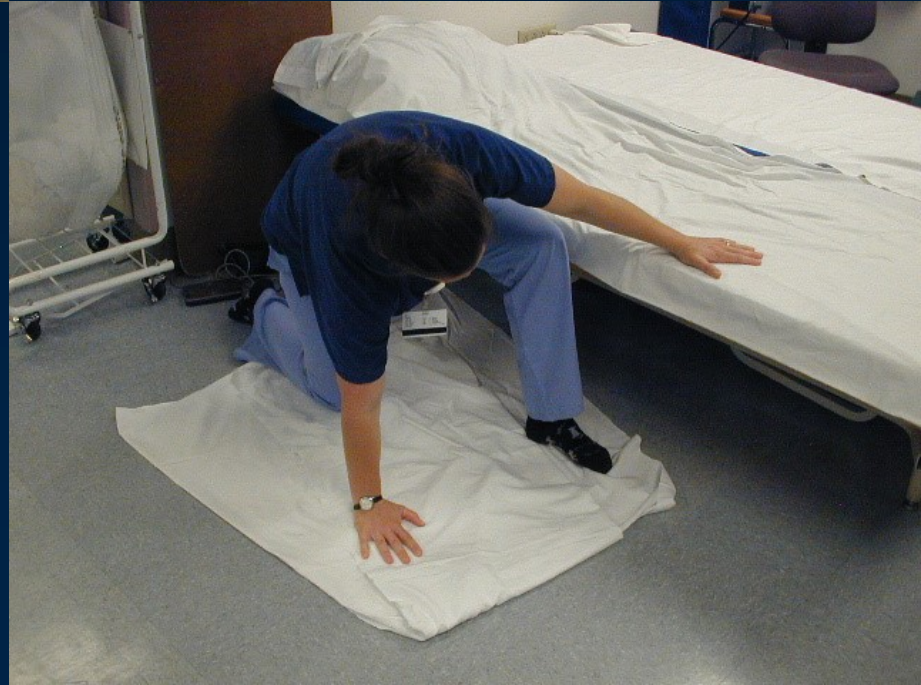




















# *Strategies for Gait*

- *Medication dosing prior to activity and be in “On” state prior to mobilization or any therapy*
- *Free of post-operative pain that may increase stress & PD symptoms*
- *Obtain assistance from healthcare staff unless instructed otherwise*
- *Proper foot wear*
- *Environment open and free of obstacles & crowds*



# Strategies for Gait

■ *Utilization of sensory enhanced cues for cadence, heel strike and stride length:*

❖ *Visual cues*

- *Bright colored tape / lines in which to focus at doorways or actual objects to step over (extrinsic cue)*
- *Visualization of objects (intrinsic cue)*



❖ *Auditory cues*

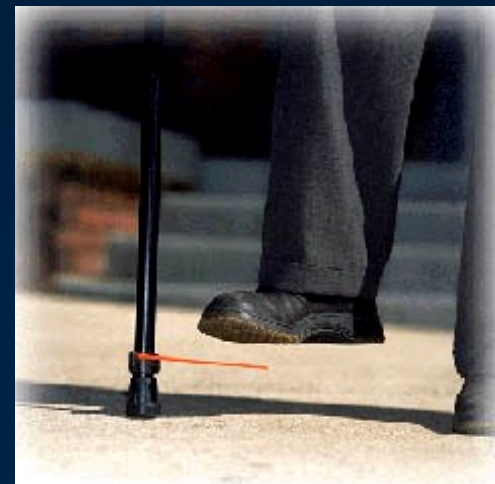
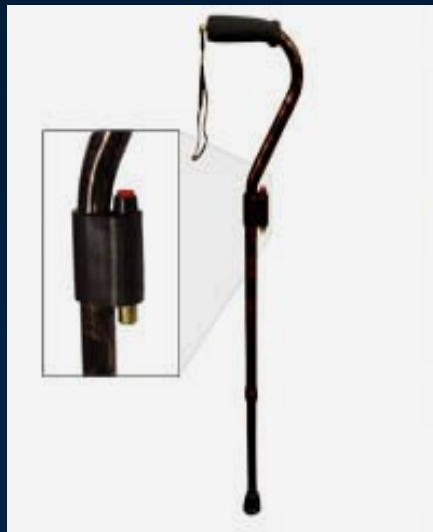
- *Rhythmic stimuli / cadence*
- *Music Therapy (extrinsic)*
- *Mental rhythm (intrinsic)*





# Mobilization Strategies

- *Appropriate selection of assistive devices (by physical / occupational therapy)*
- *Evaluation by therapists of current devices being used at home*
- *Bring your own devices*







# *Mobilization Strategies*





# IF YOU HAVE A DBS

- *Make EVERYONE aware you have a deep brain stimulator*
- *MRI precautions*
  - ❖ *MRIs are contraindicated from the cervical spine and below in older generation generators*
  - ❖ *Brain MRI allowed with proper precautions*
    - *Programming provider must be present to ensure proper precautions are complete for a safe MRI*





# IF YOU HAVE A DBS

- *Diathermy contraindicated*
  - ❖ *Heat generated ultrasound by therapists / dentists*
- *Diagnostic ultrasound safe*
- *Xray/CT scanning safe*
- *Mammograms safe*





# IF YOU HAVE A DBS

- *Always bring your patient programmers to the hospital*
- *You will need to turn off DBS during 12 lead EKGs*
- *Medtronic DBS generators cannot be turned off with a handheld magnet, they must be turned on and off with your patient programmer or by a provider*
- *DBS should be turned off for most types of surgeries (if cautery is to be used)*



# IF YOU HAVE A DBS

- *Newer Medtronic IPGs, PCs, RCs or Percept CANNOT be turned off with a magnet...you must have your patient programmer with you at the hospital*
- *Safest to turn off DBS prior to surgical procedures*





# DISCHARGE RECOMMENDATIONS

## ■ *Discharge preparation*

- ❖ *Case managers should be following your care in the hospital*
- ❖ *Will any inpatient or outpatient therapy be required prior to going home?*
- ❖ *What support systems are available to you in the immediate discharge period?*



# DISCHARGE RECOMMENDATIONS

## ❖ *Medication Reconciliation*

- *Any new medications to be added upon discharge?*
- *Should you take all of your previous medications?*
- *Any dosage adjustments on current medications?*

❖ *Follow-up with providers should be reviewed with you (who & when).  
CM should make appts for you*



# Summary

- *Keep medical information organized and copies on your person at all times*
- *You may or may not know when you will be hospitalized so be prepared*
- *Keep a few days worth of medications in original containers in a bag so they can be found quickly if needed & packed if going to the hospital*
- *Keep a small bag packed and ready in the event you need to go to the hospital quickly (PJs, spare pair of readers, list of current meds/doctors, diagnoses, surgeries. During COVID 19, limited to no visitors in the hospital)*



# Summary

- *Hospital pharmacies do not keep all PD meds on their formulary*
- *Try to keep on your normal medication schedule to avoid complications to your hospitalization*
- *Be an ACTIVE participant in your care, you will know more about PD than many of those caring for you in the hospital (don't make assumptions that they do)*
- *Educate those around you about your disease*



*Thanks!*

