

In a medical emergency

Do NOT give these medications to people with Parkinson's.

- **Anti-sickness medicines** – such as Metoclopramide, Cyclizine, Prochlorperazine. If an antiemetic is necessary, domperidone should be used.
- **Antipsychotics** – haloperidol should not be used and Quetiapine is the drug of choice. Other Atypical antipsychotics (e.g. Risperidone, Olanzapine) may be considered if Quetiapine is not tolerated.
- **Painkillers** – Pethidine and other opioids should not be used at the same time as selegiline and rasagiline.

During surgery

- **If a local anaesthesia is required**, adrenalin should be administered with caution.
- **Duodopa pump infusion treatment** may be continued for as long as it's permitted to take fluids and medicines by mouth. It may be switched off during surgery.
- **Apomorphine pump infusion treatment** may be continued before, during and after surgery.

Avoiding airport and other security and screening /scanning devices

A Deep Brain Stimulation implant can be affected by electrical or magnetic machinery (see list below). I therefore must avoid interaction with electromagnetic systems that may cause me discomfort and affect how the implant operates, and even turn it off by accident.

I should therefore bypass such devices, or pass as far from the device as possible.

- If a body search is required, this needs to be a manual one by security officers.
- A hand-held security wand may be used but this must NOT be placed over my neurostimulator, which is placed in my chest or abdomen.

Treatment and surgery cont.

If I have a Deep Brain Stimulator implant, my DBS may be switched off during surgery and only bipolar diathermy treatment may be used.

I should not have the following treatments or therapies:

- Magnetic Resonance Imaging (MRI) unless specifically approved by my system provider
- Any therapy directed at the site of my implantation, including ultrasound, electrolysis, radiotherapy, electrosurgery and electro-magnetisation
- Radiography that compresses the implantation area(s) (other radiographies are permitted)
- Ultrasound for dental cleaning
- Cardiac defibrillation.
- Any medical treatment in which an electrical current is passed through my body from an external source must be used with caution.

Systems that affect the implant are:

- Airport body scanners.
- Devices such as theft detectors (i.e. those used at entrances and exits of shops, libraries and other public buildings).
- Electrical equipment such as welding machinery.
- Microwave transmitters.
- Power amplifiers.
- Household appliances that contain magnets such as refrigerators, stereo speakers and power tools.

Emergency contacts

1. Name: _____

Relationship to me: _____

Telephone (including country code):

2. Name: _____

Relationship to me: _____

Telephone (including country code):

Doctor: _____

Practice address: _____

Telephone (inc country code):

Doctor's signature or stamp:

Date: / /

Details of devices and implants I may carry or wear

Deep Brain Stimulation implant information

I had a neurostimulator implant on: / /

Device serial number: _____

Name of hospital and country: _____

Apomorphine (apomorphine hydrochloride

administered subcutaneously using an injectable pen OR via a catheter using a small, portable infusion pump system.

My apomorphine dose is as follows:

Timing: _____

Injectable pen dosage: [] mg

Infusion dosage: [] mg/hour

Duodopa intestinal gel and infusion pump

– this medication is administered as a continuous intestinal infusion by a pump.

I received my levodopa/carbidopa pump on: / /

Pump serial number: _____

- Cassettes should be refrigerated or kept cool (2°C to 8°C) at all times and protected from sunlight.
- Cassettes can be used for up to 16 hours once they reach room temperature.
- My infusion pump should only be handled by someone who is familiar with the device. I may experience difficulties handling my pump and tube connections, which could lead to complications. It may be necessary for a caregiver to assist me.

Help with administering medication – if required

There may be times when help is required to administer my medication.

It is very important that I receive the correct dose of my medications at the correct times. The table below lists these details. These are:

Name of medication: _____

Dosage: _____

Timing: _____

Name of medication: _____

Dosage: _____

Timing: _____

Medication continued

Name of medication: _____

Dosage: _____

Timing: _____

Name of medication: _____

Dosage: _____

Timing: _____

Name of medication: _____

Dosage: _____

Timing: _____

Medication continued

Name of medication: _____

Dosage: _____

Timing: _____

Name of medication: _____

Dosage: _____

Timing: _____

Name of medication: _____

Dosage: _____

Timing: _____