

Emergency Department Checklist

Date: _____ Time of arrival: _____

Action	Time	Comments
Medication Reconciliation upon admission:		
<input type="checkbox"/> Consultation with the patient/care partner (if this is not possible reach out to their outpatient pharmacy).		
<input type="checkbox"/> Verify the home schedule for medication timing. Input into the Electronic Health Record (EHR) as a custom field, ensuring that it does not default to the hospital schedule.		
<input type="checkbox"/> Verify any special instructions (such as combining medications together, meal timing based on medication distribution, etc.).		
<input type="checkbox"/> Confirm any over-the-counter (OTC) medications, especially for constipation. Continue unless contraindicated.		
<input type="checkbox"/> Administration of their first dose based on the home schedule.		
<input type="checkbox"/> Review contraindicated medications for PD and avoid haloperidol (Haldol).		
<input type="checkbox"/> Review special considerations for PD care from Aware in Care® materials (available at Parkinson.org/AwareinCare if the patient/care partner does not provide the Nurse Fact Sheet).		
<input type="checkbox"/> Coordinate whether medications for PD not available on hospital formulary could be used in the hospital by having a care partner or other family member retrieve medications in their original labeled bottles from the patient's home or outpatient pharmacy.		

Admission Checklist

Date: _____ Time of arrival: _____

Action	Time	Comments
Medication Reconciliation upon admission:		
<input type="checkbox"/> Consultation with the patient/care partner (if this is not possible, then contact their outpatient pharmacy).		
<input type="checkbox"/> Verify the home schedule for medication timing. Input into the electronic medical record (EMR) as a custom field. DO NOT default to the hospital schedule (for example, 9:00 a.m., 3:00 p.m., and 9:00 p.m. for "three times a day").		
<input type="checkbox"/> Verify any special instructions (such as combining medications together, meal timing based on medication distribution, etc.).		
<input type="checkbox"/> Confirm any over-the-counter (OTC) medications, especially for constipation. Continue unless contraindicated.		
<input type="checkbox"/> Administration of their first dose based on the home schedule.		
<input type="checkbox"/> Review Contraindicated Medications for PD.		
<input type="checkbox"/> Review special considerations for PD care.		
Notify Primary Parkinson's Care Provider		
<input type="checkbox"/> Send a message through the EHR when possible.		
<input type="checkbox"/> Discuss any potential medication changes when possible.		

Provide Interdisciplinary Care throughout Hospitalization

<input type="checkbox"/> Consider Physical Therapy consultation to facilitate early mobility and prevent falls as appropriate.		
<input type="checkbox"/> Implement a nurse-driven mobility protocol, if indicated.		
<input type="checkbox"/> Consider Occupational Therapy consultation to assess need for assistive devices, adaptive equipment, or other modifications for safety and improved functioning.		
<input type="checkbox"/> Consider Speech Language Pathology consultation in most cases to assess swallowing function and cognition.		
<input type="checkbox"/> Consider Nutritionist/Dietitian consultation to assess nutritional status and make recommendations regarding gastrointestinal and digestion issues.		

Perioperative Checklist

Date: _____ Time of arrival: _____

Action	Time	Comments
Planning for Surgery: Discuss medication plan for surgery day:		
<input type="checkbox"/> Do not hold PD medications. Patient should take their PD medications with a small sip of water.		
<input type="checkbox"/> Review each PD medication and the time the patient takes the medications. If any medications are not on formulary, confirm with Pharmacy that their medications brought from home will be distributed rather than making a substitution.		
<input type="checkbox"/> Document the exact timing patient takes each medication at home in the Electronic Health Record (EHR).		
<input type="checkbox"/> Consult Primary PD Care Provider (Movement Disorder Specialist, General Neurologist or Primary Care Physician) if any additional questions arise about medications.		
<input type="checkbox"/> Confirm with the patient and family that they are to bring their PD medications with original bottle to the hospital on the day of the surgery.		
<input type="checkbox"/> Alert the anesthesiologist that the patient has PD and to avoid contraindicated medications, (including metoclopramide (Reglan), prochlorperazine (Compazine) and meperidine (Demerol) if on MAO inhibitors).		
<input type="checkbox"/> Ensure that the patient will receive a dose of PD medication upon arriving in the recovery room, which should not wait for the usual oral diet advances.		



Day of Surgery

<input type="checkbox"/> Allow the patient to take medication on the day of the surgery with a small sip of water, when due.		
<input type="checkbox"/> Mention the importance of avoiding contraindicated medications during the "Operative Briefing" so the anesthesiologist is reminded again.		

After Surgery

<input type="checkbox"/> Confirm PD medications are ordered post-operatively at the same times as the patient's home regimen.		
<input type="checkbox"/> Avoid ordering contraindicated medications in order sets.		
<input type="checkbox"/> Mobilize early.		
<input type="checkbox"/> Complete the discharge checklist.		

Discharge Checklist

Date: _____ Time of arrival: _____

Action	Time	Comments
<input type="checkbox"/> Provide referrals to outpatient Physical Therapist, Occupational Therapist, and Speech Language Pathologist, preferably with specialization in PD or neurological conditions. Include reason for admission and primary diagnosis in referral.		
<input type="checkbox"/> If indicated, include a referral to outpatient dietitian/nutritionist.		
<input type="checkbox"/> Referral to community exercise and support groups (refer to Parkinson's Foundation Helpline if not available: 1-800-4PD-INFO).		
<input type="checkbox"/> Educate the patient and care partner on any medication changes during hospitalization.		
<input type="checkbox"/> Send a copy of the discharge summary to the Primary PD Care Provider.		
<input type="checkbox"/> Communicate that the patient should follow up with the Primary PD Care Provider.		
<input type="checkbox"/> If the patient is transitioning to another care facility, such as inpatient or skilled rehabilitation, communicate the specifics of the medication including timing.		