|  |  |
| --- | --- |
| **MEDICAL ALERT CARD**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have **Restless Legs Syndrome (“RLS”)**, a chronic condition primarily causing extreme discomfort in my legs (sometimes arms & trunk) and causing an irresistible urge to move. My symptoms increase when at rest or inactive, and typically decrease by voluntary movements of my affected limb(s).  **ATTENTION: Healthcare Providers**   * Be alert for **symptoms** described above. * Continue patient’s **treatment** of choice **or** administer RLS medications prescribed by patient’s physician to control symptoms. * Avoid **restraints**. * Administer dopamine-antagonist agents with **extreme caution**.   *The following medications (dopamine-antagonist agents & others) may cause significant worsening of RLS.*  **Administer with EXTREME CAUTION:**   * Anti-nauseates—Benadryl, Antivert (meclizine), Atarax, Bonine, Compazine, Phenergan, Thorazine, Tigan, Trilaton, Vistaril, Reglan; S***afe alternatives***: Kytril, Zofran, Transderm Scop patch for sea sickness. * Anti-psychotics—Haldol, Loxitane, Mellaril, Moban, Navane, Prolixin, Risperdal, Serentil, Stelazine, Thorazine, Vesperin * Atypical Neuroleptics—approach with ***caution***: Clozaril, Risperdal, Seroquel, Zyprexa. *suggested alternative:* **Abilify (possibly)** * Anti-depressants—ALL can cause RLS worsening; ***Safe alternatives:*** trazodone, Serzone , Wellbutrin, desipramine (possibly) * Anti-histamines—BEWARE OF ALL sedating antihistamines, especially Benadryl & OTC/Rx combination cold/sinus/cough medications; Actifed, Comtrex, Contact, Dimetapp, Triaminic, Theraflu, Vicks cough syrup, Tylenol PM, Excedrin PM, Bayer PM, Sominex, Unisom. **Safe alternatives:** Claritin, Alavert, Clarinex, Allegra, Zyrtec (usually) | **MEDICATION RECORD**  Name\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pharmacist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***I am being treated for:***  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Medication Allergy/Sensitivity Reaction Date***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  **Emerg Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph\_\_\_\_\_\_\_\_\_\_\_\_  **NON-PRESCRIPTION** *medications I take regularly or as needed*:  Start Date Medication Name & Strength Directions  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  **PRESCRIPTION** *medications I take regularly or as needed*:  Start Date Medication Name & Strength Directions  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
| Updated: 8/14/14 www.rlshelp.org |  |