

ATTENTION: Healthcare Providers

- Avoid **restraints** • Avoid the use of **medications listed below**
- **Administer RLS medications only as prescribed** by patient's physician

Dopamine-agonist agents as well as the following medications, may cause significant worsening of RLS, administer with extreme caution:

Antinauseates - Antivert, Atarax, Benadryl, Bonine, Compazine, Phenergan, Reglan, Thorazine, Tigan, Trilafon, Vistaril

Safe alternatives: Kytril, Transderm Scop patch (for seasickness), Zofran

Antipsychotics - Haldol, Loxitane, Mellaril, Moban, Navane, Prolixin, Serentil, Seroquel, Stelazine, Thorazine, Vesprin

Atypical Neuroleptics - Clozaril, Risperdal, Seroquel, Zyprexa

Safe alternative: Abilify (possibly)

Antidepressants - ALL can cause RLS worsening

Safe alternatives: Nefazodone (may cause liver failure), Trazodone, Wellbutrin, Lamotrigine, Depakote, carbamazepine, oxcarbazepine (used as "mood stabilizers")

Antihistamines - All sedating antihistamines (especially those containing diphenhydramine): Benadryl & OTC combination cold/sinus/cough medications, Actifed, Advil PM, Bayer PM, Comtrex, Contact, Dimetapp, TheraFlu, Triaminic, Tylenol PM, Vicks Cough and Cold Products

Safe alternatives: Allegra, Clarinex, Claritin, Zyrtec (usually)

Sleep Aids - Silenor, all OTC sleeping pills containing diphenhydramine or doxylamine, Advil PM, Bayer PM, Excedrin PM, Sominex, Tylenol PM, Unisom

Safe alternatives: Ambien, Lunesta, Sonata, Suvorexant

For more information, refer to www.rls.org

MEDICAL ALERT CARD

I, _____
have **Restless Legs Syndrome** ("RLS", a chronic neurological condition that causes extreme and unbearable discomfort in my legs associated with an overwhelming and, at times, uncontrollable urge to move the legs. Please be alert that if I am immobilized, sedated, or coming out of anesthesia my symptoms can worsen and my legs and body can jerk uncontrollably. As moving the legs may be the only thing that will relieve the symptoms, I will make a desperate error to get up to move, even if I am not fully aware of it.

PRESCRIPTION *medications I take regularly to manage my RLS:*

| Medication Name and Strength | Times Taken | RLS Prescriber |
|------------------------------|-------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



RESTLESS LEGS
SYNDROME
FOUNDATION

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