



Hospitalization Checklist for the Patient with Restless Legs Syndrome

Please take the time to check off these important items to consider before being hospitalized.

Pre-Surgery Consultation

- When you meet with the anesthesiology team, discuss the problem of RLS symptoms worsening with the administration of antiemetics (e.g., metoclopramide HCl) given either before, during or after your surgery or procedure.
- Review acceptable medications with your physician and anesthesiology team prior to surgery to tailor preoperative and postoperative orders specifically suited to your care.

What to Bring

- List of your current medications including daily use RLS medications, supplements and those taken as needed.
 - Note the timing of each of your RLS medications - either time of day or number of hours before expected symptoms.
 - Bring extra copies of your medication list to distribute to your healthcare team, plus one to place in your chart.
- Bring a three-day supply of your prescribed RLS medications in case the pharmacy does not have them in stock.
- List of your common RLS symptom triggers, including foods and/or medications.
- List of your food and medication allergies.
- RLS Foundation publications to share with your healthcare providers, including: *Surgery and RLS*, *RLS Medical Bulletin* and *Causes, Diagnosis and Treatment*. If you are on opioid therapy to manage your RLS, bring the *Mayo Clinic Proceedings* article, "The Appropriate Use of Opioids in the Treatment of Refractory Restless Legs Syndrome," to share with your medical team.
- RLS Foundation Medical Alert Card for a list of drugs to be avoided and substitutions for individuals with RLS (also listed on back).
- Name and phone number of your RLS healthcare provider.

Getting Ready for Hospitalization – The Night Before

- Take your usual medications unless directed otherwise by your doctor.
- Do not eat or drink after midnight or as instructed by your surgery team.

Day of Surgery/Procedure

- Take any medications approved in advance by your doctor or anesthesiologist with a small sip of water by designated time.
- Alert surgery staff that interruption of your scheduled RLS medication due to sedation may cause an uncontrollable urge to move your limbs. Should this occur, a narcotic medication, in addition to the local or general anesthetic, may need to be administered before, during and/or after the procedure.

In the Recovery Room/Immediate Postoperative Period

- RLS is best characterized as a neurological sensory-motor disorder with symptoms that are triggered from within the brain itself. Alert recovery room staff that interruption of your scheduled RLS medications may cause an uncontrollable urge to move the limbs. They should plan to use intravenous opioid medication to manage symptoms until you can tolerate oral medications. RLS is a serious neurological disease; avoid the use of restraints.
- Alert recovery room staff that both antiemetics with dopamine-antagonist properties, and opioid antagonists should be avoided as they worsen RLS symptoms. See other side for alternative therapies.

During Your Hospital Stay

- Share the list of your common RLS symptom triggers, including foods and/or medications, with hospital staff.
- Timing of RLS medications is a key issue for the RLS patient. Your regular schedule should be resumed as soon as possible, with consideration given for an add on treatment such as an opioid to manage breakthrough symptoms during your entire hospitalization.

- ☐ If you have surgery, therapy or a test that necessitates transfer to a different clinical area, there may be a risk of delay or possible missed dose of your RLS medication. Be sure to discuss this in advance with your medical team so that nursing staff can administer your medications as close to your scheduled time as possible to avoid an exacerbation of symptoms.
- ☐ RLS symptoms may increase after a procedure or surgery due to immobilization, sleep deprivation or trauma to the body. In this situation, your healthcare provider may decide to temporarily increase your RLS medication or add an opioid to manage breakthrough symptoms.

Don't forget to tell hospital staff to visit www.rls.org as a resource to learn more about restless legs syndrome!

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Substances to Avoid and Alternatives

The following information is printed on the RLS Medical Alert Card, available to RLS Foundation members. Patients should present the card to every healthcare professional who is caring for them to provide information on medications to avoid and alternative therapies.

The following substances can make RLS worse and should NOT be taken by individuals who have the disease. Please share this list with your healthcare team:

Antinauseates – Antivert, Atarax, Benadryl, Bonine, Compazine, Phenergan, Reglan, Thorazine, Tigan, Trilafon
Safe alternatives: Kytril, Transderm Scop patch (for seasickness), Vistaril, Zofran

Antipsychotics – Haldol, Loxitane, Mellaril, Moban, Navane, Prolixin, Serentil, Seroquel, Stelazine, Thorazine, Vesperin

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



The RLS Foundation is dedicated to improving the lives of the men, women and children who live with this often devastating disease. Our mission is to increase awareness, improve treatments and through research, find a cure for restless legs syndrome.

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