





What is my Medication? Medication: Generic (Brand)	Why am I taking it? This medication is for:	What are the Possible Side Effects:
BETA BLOCKERS: <input type="checkbox"/> Atenolol (Tenormin) <input type="checkbox"/> Carvedilol (Coreg) <input type="checkbox"/> Metoprolol (Toprol XL, Lopressor) <input type="checkbox"/> _____	Heart Failure: Decreasing Blood Pressure and Heart Rate 	Dizziness * Drowsiness * Fatigue
ACE INHIBITORS OR ARBs: <input type="checkbox"/> Lisinopril (Zestril, Prinivil) <input type="checkbox"/> Valsartan (Diovan) <input type="checkbox"/> _____	Decreasing Blood Pressure, Heart Failure 	Dizziness * Dry cough Headache
CORTICOSTEROIDS: <input type="checkbox"/> Methylprednisolone (Solumedrol) <input type="checkbox"/> Dexamethasone (Decadron) <input type="checkbox"/> Prednisone (Deltasone) <input type="checkbox"/> _____	Decreasing Inflammation 	GI upset Increased appetite
ANTIBIOTICS: <input type="checkbox"/> Amoxicillin (Amoxil) <input type="checkbox"/> Cefazolin (Ancef, Kefzol) <input type="checkbox"/> Clindamycin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) <input type="checkbox"/> Vancomycin (Vancocin) <input type="checkbox"/> _____	Treating Bacterial Infection(s) 	GI upset Rash Itching Diarrhea Headache
OTHER: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		

* Dizzy/drowsy Ask for help when getting up.

Medication Side Effects Information Sheet





Patient Name: _____






*This sheet provides side effect information about medications you may receive **during your hospital stay** .*

If you have any questions or concerns then please ask your nurse or pharmacist.



Adventist Health Portland

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NARCOTICS: <input type="checkbox"/> Morphine <input type="checkbox"/> Hydromorphone (Dilaudid) <input type="checkbox"/> Fentanyl <input type="checkbox"/> Hydrocodone/Acetaminophen (Vicodin) <input type="checkbox"/> Oxycodone/Acetaminophen (Percocet) <input type="checkbox"/> Oxycodone <input type="checkbox"/> _____	Pain 	Dizziness * Drowsiness * Itching Constipation Nausea/Stomach upset
ANTIEMETICS: <input type="checkbox"/> Ondansetron (Zofran) <input type="checkbox"/> Prochlorperazine (Compazine) <input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> Promethazine (Phenergan) <input type="checkbox"/> _____	Nausea or Vomiting 	Headache Weakness Dizziness * Drowsiness * Constipation Restlessness (Reglan)
PROTON PUMP INHIBITORS: <input type="checkbox"/> Omeprazole (Prilosec) <input type="checkbox"/> Pantoprazole (Protonix) <input type="checkbox"/> Famotidine (Pepcid) <input type="checkbox"/> _____	Heartburn or Reflux 	Headache Diarrhea Abdominal pain
STATINS: <input type="checkbox"/> Atorvastatin (Lipitor) <input type="checkbox"/> Simvastatin (Zocor) <input type="checkbox"/> Pravastatin (Pravachol) <input type="checkbox"/> _____	Decreasing Cholesterol 	Headache Nausea Diarrhea [Muscle pain or weakness Notify RN]

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NSAIDS: <input type="checkbox"/> Ibuprofen (Advil, Motrin) <input type="checkbox"/> Ketorolac (Toradol) <input type="checkbox"/> Naproxen (Aleve) <input type="checkbox"/> _____	Mild Pain or Decreasing Inflammation 	Risk of Bleeding GI Upset
ANTIPLATELETS: <input type="checkbox"/> Aspirin (Ecotrin, Bayer) <input type="checkbox"/> Clopidogrel (Plavix) <input type="checkbox"/> _____	Preventing Blood Clots 	Risk of Bleeding GI Upset
ANTICOAGULANTS: <input type="checkbox"/> Warfarin (Coumadin) <input type="checkbox"/> Enoxaparin (Lovenox) <input type="checkbox"/> Heparin <input type="checkbox"/> Apixaban (Eliquis) <input type="checkbox"/> Dabigatran (Pradaxa) <input type="checkbox"/> _____	Preventing or Treating Blood Clots 	Risk of Bleeding Bruising Abdominal pain (Warfarin) Fever (Enoxaparin) Nausea (Enoxaparin)
ANTIARRHYTHMICS: <input type="checkbox"/> Digoxin (Lanoxin) <input type="checkbox"/> Amiodarone (Cordarone, Pacerone) <input type="checkbox"/> _____	Abnormal Heart Rhythm, Heart Failure 	Dizziness * Headache
CALCIUM CHANNEL BLOCKERS: <input type="checkbox"/> Diltiazem (Cardizem, Tiazac) <input type="checkbox"/> Verapamil (Calan, Verelan) <input type="checkbox"/> Amlodipine <input type="checkbox"/> _____	Decreasing Blood Pressure and Heart Rate 	Dizziness * Headache Constipation (Verapamil)

* Dizzy/drowsy Ask for help when getting up.