

Med name Generic (Brand)	Med purpose	Possible side effects
<b>Blood thinners:</b> <input type="checkbox"/> Heparin <sup>1</sup> <input type="checkbox"/> Enoxaparin (Lovenox) <input type="checkbox"/> Aspirin <sup>2</sup> <input type="checkbox"/> Apixaban (Eliquis) <sup>3</sup> <input type="checkbox"/> Warfarin (Coumadin) <sup>4</sup> <input type="checkbox"/> _____	Prevent blood clots 	<ul style="list-style-type: none"> <li>Injection site irritation<sup>1</sup></li> <li>Upset stomach<sup>2</sup></li> <li>Diarrhea<sup>2</sup></li> <li>Unexpected bruising or bleeding<sup>1,3,4</sup></li> </ul>
<b>Blood pressure medications:</b> <input type="checkbox"/> Metoprolol (Lopressor) <sup>1</sup> <input type="checkbox"/> Carvedilol (Coreg) <sup>2</sup> <input type="checkbox"/> Amlodipine (Norvasc) <sup>3</sup> <input type="checkbox"/> Diltiazem (Cardizem) <sup>4</sup> <input type="checkbox"/> Hydralazine (Apresoline) <sup>5</sup> <input type="checkbox"/> Lisinopril (Zestril) <sup>6</sup> <input type="checkbox"/> Midodrine (Orvaten) <sup>7</sup> <input type="checkbox"/> _____	Decrease blood pressure 	<ul style="list-style-type: none"> <li>Lightheadedness/ dizziness</li> <li>Tiredness<sup>1,2,6</sup></li> <li>Swelling of hands, legs, or feet<sup>3,4</sup></li> <li>Constipation<sup>3,4</sup></li> <li>Headache<sup>5,6</sup></li> <li>Diarrhea<sup>5</sup></li> <li>Upset stomach<sup>5</sup></li> <li>Itching<sup>7</sup></li> <li>Goosebumps/chill<sup>7</sup></li> <li>Urinating more often<sup>7</sup></li> </ul>
<b>Nausea:</b> <input type="checkbox"/> Ondansetron (Zofran) <sup>1</sup> <input type="checkbox"/> Prochlorperazine (Compazine) <sup>2</sup> <input type="checkbox"/> Metoclopramide (Reglan) <sup>3</sup> <input type="checkbox"/> Trimethobenzamide (Tigan) <sup>4</sup> <input type="checkbox"/> _____	Nausea 	<ul style="list-style-type: none"> <li>Constipation<sup>1</sup></li> <li>Headache<sup>1,4</sup></li> <li>Dizziness/ Lightheadedness<sup>1,3,4</sup></li> <li>Weakness/ Tiredness<sup>2,4</sup></li> <li>Confusion<sup>3,4</sup></li> </ul>
<b>Antacids/Anti-gas:</b> <input type="checkbox"/> Pantoprazole (Protonix) <input type="checkbox"/> Simethicone (Mylicon/ Gas-X) <input type="checkbox"/> Famotidine (Pepcid) <input type="checkbox"/> _____	Heartburn 	<ul style="list-style-type: none"> <li>Headache</li> <li>Upset Stomach/ Nausea</li> <li>Diarrhea</li> </ul>
<b>Inhalers:</b> <input type="checkbox"/> Budesonide-formoterol fumarate (Symbicort) <sup>1</sup> <input type="checkbox"/> Ipratropium-albuterol (DuoNeb) <sup>2</sup> <input type="checkbox"/> Albuterol (ProAir HFA) <sup>3</sup> <input type="checkbox"/> _____	Improve lung function 	<ul style="list-style-type: none"> <li>Headache</li> <li>Upset stomach<sup>1</sup></li> <li>Nose or throat irritation<sup>1,2</sup></li> <li>Shakiness<sup>2</sup></li> <li>Fast heart beat<sup>3</sup></li> </ul>

Notes:

To help you learn we will ask you to explain some of your medications a few different times during your stay.



Keep track of when you are ready to learn and when you are able to explain your medications in your own words.

I am ready to learn!

1.

2.

3.

I can explain my new medications in my own words!

1.

2.

3.

If you have any questions about your new medications while here in the hospital please talk to your doctor or nurse.



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This handout does not take the place of a discussion with your health care team.  
Discuss any questions or concerns with your health care team.

Approved for distribution by System Patient Education Council.

# New medication

## What you need to know

### Adult general care



During your stay we will give you some new medications. It is important that you understand why you are taking these medications and understand some of the most common side effects.

By understanding these potential side effects, you can communicate more clearly with the care team, so we can keep you comfortable and safe.

You may or may not go home on these new medications. Please refer to your discharge paperwork for home medications.

After you leave the hospital, you may get a survey via mail or email. Please let us know how we did on your new medication education.



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<b>Narcotics:</b> <input type="checkbox"/> Oxycodone (Roxicodone) <input type="checkbox"/> Hydromorphone (Dilaudid) <sup>1</sup> <input type="checkbox"/> Morphine <input type="checkbox"/> Hydrocodone-Acetaminophen (Norco) <input type="checkbox"/> Tramadol (Ultram) <sup>2</sup> <input type="checkbox"/> Fentanyl (Sublimaze) <sup>3</sup> <input type="checkbox"/> _____	Moderate to severe pain 	<ul style="list-style-type: none"> <li>Slow/shallow breathing</li> <li>Dizziness/lightheadedness</li> <li>Constipation</li> <li>Nausea/upset stomach</li> <li>Dry mouth<sup>1,2,3</sup></li> <li>Tiredness<sup>1,2,3,4</sup></li> <li>Irritation where the patch is placed<sup>3</sup></li> </ul> <ul style="list-style-type: none"> <li>Weight gain</li> <li>Muscle twitching</li> <li>Blurred vision<sup>4</sup></li> </ul>	<b>Digestive medications:</b> <input type="checkbox"/> Sevelamer (Renvela) <sup>1</sup> <input type="checkbox"/> Octreotide (Sandostatin) <sup>2</sup> <input type="checkbox"/> Pancrealipase (Creon) <sup>3</sup> <input type="checkbox"/> _____	High phosphate <sup>1</sup> High pancreas enzymes & diarrhea <sup>2</sup> Improve food digestion <sup>3</sup> 	<ul style="list-style-type: none"> <li>Stomach pain/upset stomach</li> <li>Vomiting<sup>1</sup></li> <li>Constipation or diarrhea<sup>1,2</sup></li> <li>Slow heart rate<sup>2</sup></li> <li>Hair loss<sup>2</sup></li> <li>Headache<sup>2,3</sup></li> <li>Neck pain/congestion/earache<sup>3</sup></li> </ul>	<b>Antibiotics:</b> <input type="checkbox"/> Piperacillin-tazobactam (Zosyn) <sup>1</sup> <input type="checkbox"/> Metronidazole (Flagyl) <sup>2</sup> <input type="checkbox"/> Ceftriaxone (Rocephin) <sup>3</sup> <input type="checkbox"/> Ampicillin-sulbactam (Unasyn) <input type="checkbox"/> Cefazolin (Ancef) <input type="checkbox"/> Cefepime (Maxipime) <input type="checkbox"/> Vancomycin (Vancocin) <sup>4</sup> <input type="checkbox"/> _____	Treat or prevent infection 	<ul style="list-style-type: none"> <li>Diarrhea</li> <li>Skin irritation/swelling/redness</li> <li>Upset stomach/nausea</li> <li>Constipation<sup>1</sup></li> <li>Trouble sleeping<sup>1</sup></li> <li>Metallic taste<sup>2</sup></li> <li>Headache<sup>1,2</sup></li> <li>Yeast infection<sup>1,2,3,5</sup></li> <li>Itching<sup>2,3,5,6</sup></li> <li>Increased risk of bleeding<sup>4</sup></li> <li>Difficulty urinating/blood in urine<sup>4</sup></li> </ul>
<b>Other:</b> <input type="checkbox"/> Gabapentin (Neurontin) <sup>4</sup> <input type="checkbox"/> _____	Nerve pain 		<b>Stool softeners/Laxatives:</b> <input type="checkbox"/> Sennosides-docusate (PeriColace) <input type="checkbox"/> Polyethylene glycol (MiraLax) <input type="checkbox"/> Bisacodyl (Dulcolax) <input type="checkbox"/> Lactulose (Enulose) <input type="checkbox"/> _____	Prevent constipation and soften stool 	<ul style="list-style-type: none"> <li>Stomach cramps</li> <li>Diarrhea</li> <li>Nausea</li> </ul>	<b>Antifungal:</b> <input type="checkbox"/> Miconazole <sup>5</sup> <input type="checkbox"/> Nystatin <sup>6</sup> <input type="checkbox"/> _____		
<b>Muscle relaxers:</b> <input type="checkbox"/> Methocarbamol (Robaxin) <input type="checkbox"/> Baclofen (Lioresal) <input type="checkbox"/> _____	Muscle spasms 	<ul style="list-style-type: none"> <li>Confusion</li> <li>Dizziness/lightheadedness</li> <li>Decreased strength/energy</li> </ul>	<b>Antidiarrhea:</b> <input type="checkbox"/> Loperamide (Imodium) <sup>1</sup> <input type="checkbox"/> Diphenoxylate-atropine (Lomotil) <sup>2</sup> <input type="checkbox"/> _____	Slow down or stop diarrhea 	<ul style="list-style-type: none"> <li>Dizziness/lightheadedness</li> <li>Abdominal discomfort</li> <li>Constipation/nausea<sup>1</sup></li> <li>Confusion<sup>2</sup></li> <li>Itchiness<sup>2</sup></li> </ul>	<b>Statins:</b> <input type="checkbox"/> Atorvastatin (Lipitor) <input type="checkbox"/> _____	Decrease cholesterol 	<ul style="list-style-type: none"> <li>Muscle or joints aches, pains, weakness</li> <li>Diarrhea</li> </ul>
<b>Anti-inflammatories:</b> <input type="checkbox"/> Ketorolac (Toradol) <input type="checkbox"/> Ibuprofen (Advil/Motrin) <input type="checkbox"/> _____	Pain, fever and inflammation 	<ul style="list-style-type: none"> <li>New or unexpected bleeding</li> <li>Upset stomach</li> </ul>	<b>Insulin:</b> <input type="checkbox"/> Insulin Lispro (Humalog) <input type="checkbox"/> Insulin Glargine (Lantus) <input type="checkbox"/> Insulin NPH (Humulin) <input type="checkbox"/> _____	Manage blood sugar 	<ul style="list-style-type: none"> <li>Weight gain</li> <li>Injection site irritation</li> <li>Low blood sugar symptoms (dizziness, shaking, sweating, confusion)</li> </ul>	<b>Allergy medicine:</b> <input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> _____	Improve allergy symptoms 	<ul style="list-style-type: none"> <li>Drowsiness</li> <li>Dry mouth</li> <li>Loss of appetite</li> <li>Constipation</li> </ul>
<b>Steroids:</b> <input type="checkbox"/> Prednisone (Deltasone) <input type="checkbox"/> Methylprednisolone (Solumedrol) <input type="checkbox"/> _____	Decrease inflammation 	<ul style="list-style-type: none"> <li>Trouble sleeping</li> <li>Depressed mood</li> <li>Weight gain/swelling in hands and feet</li> <li>Increased blood pressure</li> </ul>	<b>Diuretics:</b> <input type="checkbox"/> Torsemide (Demadex) <input type="checkbox"/> Furosemide (Lasix) <input type="checkbox"/> _____	Remove extra fluid 	<ul style="list-style-type: none"> <li>Frequent urination</li> <li>Dizziness/lightheadedness</li> </ul>	<b>Antidepressants:</b> <input type="checkbox"/> Duloxetine (Cymbalta) <sup>1</sup> <input type="checkbox"/> Sertraline (Zoloft) <sup>2</sup> <input type="checkbox"/> _____	Improve symptoms of depression/anxiety 	<ul style="list-style-type: none"> <li>Thoughts of self-harm<sup>1,2</sup></li> <li>Fast heart rate<sup>1,2</sup></li> <li>Restlessness<sup>1,2</sup></li> <li>Muscle twitching<sup>2</sup></li> <li>Memory impairment<sup>3</sup></li> <li>Tiredness<sup>3,5</sup></li> <li>Dizziness/lightheadedness<sup>3,4,5</sup></li> <li>Upset stomach<sup>4</sup></li> <li>Headache<sup>4</sup></li> </ul>
<b>Urinary system medications:</b> <input type="checkbox"/> Oxybutynin (Ditropan) <sup>1</sup> <input type="checkbox"/> Tamsulosin (Flomax) <sup>2</sup> <input type="checkbox"/> _____	Decrease sudden urges, times, and need to pee <sup>1</sup> Improve urine flow <sup>2</sup> 	<ul style="list-style-type: none"> <li>Headache</li> <li>Dry mouth<sup>1</sup></li> <li>Tiredness<sup>1</sup></li> <li>Changes to eyesight<sup>1</sup></li> <li>Dizziness<sup>2</sup></li> <li>Diarrhea<sup>2</sup></li> <li>Runny nose<sup>2</sup></li> </ul>	<b>Sleep aids:</b> <input type="checkbox"/> Trazadone (Desyrel) <input type="checkbox"/> Melatonin <input type="checkbox"/> _____	Improve sleep 	<ul style="list-style-type: none"> <li>Headache</li> <li>Thoughts of self-harm</li> <li>Fast heart rate/restlessness</li> <li>Muscle twitching</li> </ul>	<b>Other:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		