



PHYSICIANS

Surgical Center

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MEDICATION SIDE EFFECT INFORMATION

If checked in the left hand column, you received this type of medication.

	Drug Type/Name	Use	Possible Side Effects
	Sedatives: Ketamine Propofol, Versed	Sedation and maintenance of anesthesia	Drowsiness, light headedness, restlessness
	Anesthesia Gases: Sevoflurane, Desflurane	To maintain sleep	Drowsiness, dizziness, difficulty urinating, nausea/vomiting
	Muscle Relaxant: Succinylcholine, Rocuronium Bromide	To facilitate surgery and airway control	Muscle soreness or fatigue
	Antibiotics: Ampicillin, Ancef, Bacitracin, Cipro, Clindamycin, Gentamycin, Keflex, Levaquin, Vancomycin	To prevent infection	Hives, rash, itching, nausea/vomiting
	Anti-Nausea: Decadron, Zofran, Reglan	To prevent and treat nausea and vomiting	Dry mouth, drowsiness, difficulty urinating
	All "caines", caines with epi	To prevent aspiration	Flushing, dizziness
	Pain Medications: Dilaudid, Percocet, Fentanyl, Demerol, Tylenol#3, Vicodin, Morphine	To help prevent and control pain	Drowsiness, light headaches, nausea/vomiting
	Heart/Blood Pressure Medications: Atropine, Robinul, Labetalol, Ephedrine, Epinephrine	To control heart and blood pressure	Dizziness, palpitations, shakiness
	Anti-Inflammatory: Toradol, Ibuprofen	To reduce swelling and pain relief	Drowsiness, nausea, vomiting, dizziness
	Steroids: Depo Medrol, Dexamethasone, Kenalog	To reduce inflammation	Hot flashes, facial redness, mood changes, increased appetite, insomnia, menstrual irregularities, increased blood sugar
	Other:		

Post-op medication ordered by Physician:

Name	Dose	Route	Frequency

No change, take all medication as listed on admission Add (see above) Discontinue (see above)

Post-Op Nurse Signature _____ Date _____

NOTE TO PATIENT: Please take this medication list to your next doctor's appointment.

Patient Signature _____ Date _____