



Medication Side Effects Tip Sheet

1. There are a variety of common side effects for medication classes and individual medications. Try and post a simple chart for everyone to recognize potential adverse events with medications.
2. Classes of medications, such as medications for sleep, may all share potential side effects, such as sedation in the daytime, confusion and falls.
3. Likely side effects of individual medications that are common to many patient's MAR should be posted for all staff members to refer to.
4. Adverse events usually occur after medications are initially started, such as a rash with an antibiotic, or with an increase in medication dosage.
5. Being aware of the date and time of initiation of medication or increasing the dosage is important.
6. Antipsychotics, such as risperidone or quetiapine, can cause adverse movements months to years after initiation. Patients may look like they have Parkinson's disease, with slow, shuffling gait, stiffness with slowed movements and slowed thinking.
7. Lithium has a variety of side effects and can be toxic if overdosed. With Lithium or Depakote being overdosed makes the resident appear drunk—slurred speech, loss of balance, confusion. A drug level can be obtained by the provider to check for this development.
8. Some antidepressants can cause sedation, while others may lead to a resident becoming nervous. SSRI antidepressants, such as sertraline and citalopram, can cause nausea and diarrhea.
9. Alzheimer's medication like donepezil and rivastigmine can lead to nausea and weight loss.
10. Alprazolam, lorazepam and clonazepam, commonly used for anxiety, can also lead to confusion, loss of balance and falls.
11. If unsure about whether a change in status is due to a medication, contact the provider who prescribed the medication or the facility pharmacy service.

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