

Unit 5 Part 1  
ON-LINE CONTENT

Review the article on the 2023 updates to the Beers list. For purposes of this assignment, focus on the charts inside the article to answer the questions. Place your answers to the following questions in the Unit 5 Part 1 drop box by 0800 on July 10, 2023.

*In order to receive full credit for your time for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed theory time.*

1. After reviewing the medications on the Beers List, choose three medications that surprised you they were on the list and discuss why?
  - 1.) Aspirin – This one surprised me because almost every older adult you hear them say that they are prescribed for taking aspirin daily to prevent the risk of and MI or stroke.
  - 2.) Haloperidol – This one surprised me that it was on the BEERs list because when I had clinical or just working at the hospital it is the commonly used drug for older adults that are combative. It was interesting to learn that it can put these older adults' patients at a greater risk for other serious complications such as stroke or greater cognitive decline.
  - 3.) Lorazepam – This one surprised me because it can lead to physical dependence and older adults can become use to a dose and need more for the same effects.
2. Are there any medications that are not on the list that you think should be added? If so which medications and why?

Upon looking through the medications I was shocked that I didn't see the medication sildenafil or tadalafil. I would expect to see these on there because while they treat for erectile dysfunction, they are also originally a heart medication. It is important to be careful with the cardiovascular status of older adult patients, and this could pose a possible life-threatening risk to them. One of the side effects is even a heart attack, so I feel more caution should be used when administering this to the older adult patient.

3. When reviewing the section listing the medications that have been removed from the list on page 24, do any of the medications surprise you? If so, which one(s) and why?

The medications that ended in -barbital, such as pentobarbital, surprised me that they were removed from the list. This surprised me because we must be careful when administering any type of sedative to any patients. While this drug has a short-term hypnotic effect, it could play a role in worsening dementia if a patient has it, or even an onset of dementia symptoms.
4. Think back to the patients you cared for over the past year on clinical. What medications have you administered that are on the Beers list?

I have administered aspirin, omeprazole, warfarin, I didn't get to administer it but my patient during clinical was given haloperidol for combativeness.

5. Have you noticed any of the patients experiencing side effects associated with the medications you administered that were on the Beers list? If so, what were they?

One of the side effects that I have noticed a patient experience while taking a medication that was on the Beers list was that they were bleeding due to being on aspirin and it was hard to get them to stop. They were bleeding from their IV site that they needed to get fluids and/or other medications ordered by the doctor.