Unit 8
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 8 Dropbox by 0800 on July 15, 2024.

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?

Guanfacine, duloxetine, and gabapentin all surprised me because these drugs are some of the highest prescribed medications. I'm personally taking duloxetine myself, so I was really surprised about that one. It made me think of when I get older and if I would be allowed to stay on that medication.

2. Are there any medications that are not on the list that you think should be added? If so which medications and why?

Buspirone was not on the list and I think it should be added because it is classified as an antianxiety agent, and those medications tend to slow everything down. I didn't understand why it isn't when you have other antianxiety drugs like lorazepam. I also think Dilaudid should be put on the list due to the high abuse potential.

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?

I was surprised by the belladonna alkaloids because I know that those medications can be used in combination with Phenobarbital, and Phenobarbital is a drug that is used a lot on its own.

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 amitriptyline, duloxetine, omeprazole, ibuprofen, and carbamazepine.

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?

I have noticed some patients experienced orthostatic hypotension. I have mostly seen problems with blood pressure whenever I was giving medications on the list. These patients were usually younger and not considered a geriatric patient though.