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?

One medication that surprised me was aspirin. I know that this medication is an anticoagulant and can cause easy bleeding on people who are already fragile. It surprises me because it is often used for people who have had strokes. Many of these people are geriatric patients. Many geriatric patients that I have seen are on aspirin for strokes, but yet it is recommended to be avoided by elderly. Another, medication was insulin. This surprised me because many geriatric patients are type two diabetics because their pancreas is slowing down. This surprised me because how else are they supposed to get needed insulin if it is a moderate risk for these patients to take it. Another medication that surprised me was warfarin because elderly are most at risk for VTEs.

2. Are there any medications that are not on the list that you think should be added? If so which medications and why?
   I believe any medication that will severely alter a person's thinking, like sedatives, should not be on the list. I say this because geriatric patients are already at risk for falls and altered mental status, adding on a sedative will only heighten these risks making the patient more at risk for serious injuries.

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 am surprised that apixaban was removed because from what I have seen, it is still very popular. Apixaban is broken down in the kidney's and can be really hard on kidneys that are already impaired, like in the geriatric stages. I feel as though it should remain on the list because it is still popular to use and can be dangerous for a geriatric patient to take, even at low doses. If the patient takes the medication every day, even at low doses, it will still have effects on their kidneys.

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 given a lot of medications on the list honestly. Most of them being the antidepressants and the afib medications. More specifically, I have seen a lot of haloperidol, amitriptyline, and aspirin.

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 personally have not seen too many side effects from medications that were on the beers list. Poor kidney function in patients that I have seen is usually from a pre-existing condition. The main one I noticed is altered mental status. A lot of times patients will become very confused or agitated when put on quite a few of the medications on the beers list. Another thing I have noticed is retention of fluid. I have seen a lot of patients come in with bad swelling of the legs or abdomen and they report starting a new medication. This shows that some meds may be worsening kidney function, and the kidneys are not adequately excreting extra fluid and it is building up in other places of the body.