

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?

Aspirin – I was surprised that aspirin was on the Beers list because of the amount of people that take this medication, and how it is suggested to so many patients. After reading the reasoning, I can understand that the risk for bleeding naturally increases as you age, and one of the main purposes of aspirin is to thin your blood, which increases bleeding risk.

Haloperidol – I was surprised to see Haldol on this list because of it being an atypical antipsychotic. I would have thought that the typical antipsychotics would be on here due to the high risk of extrapyramidal effects, but not the second generation. However, the chart stated that these medications can lead to an increased risk of stroke and cognitive decline in patients.

Insulin – I was not expecting insulin to be on this list at all, just because it is a necessity for those with diabetes. I can however understand the risk that it may cause such as an increased risk of hypoglycemia.

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

I could not think of any other medications that should be added to the Beers list. There were definitely some on there that did not make sense at first, but once I read the little rationale behind it, it made sense on why it was on there. I think it covers all types of different medications expanding from opioids, which can cause an increased risk of respiratory depression, to medications such as Ibuprofen which can increase the risk of bleeding.

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 that Butobarbital and Pentobarbital were removed from the Beers list because of their high risk for faintness, dizziness, and lightheadedness. I noticed there were a lot of medications that were taken off due to low use, however, I think they should still be included because although not many people use them, the effects are still serious as any other medication.

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 several different medications that are on the Beers list to patients over the past year at clinical. The most common would be the aspirin. Other ones included Ibuprofen, Warfarin, Aripiprazole, Insulin, and Lorazepam.

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 biggest side effects I saw when administering one of the medications on the Beers list was the increase in bruising after administering aspirin and Warfarin. It might not have been from me administering the medication directly, but from the prolonged administration. I remember one of my patient's making statements about how she would barely bump her arm, and before you know it, she would have a big bruise on it. Those were the only meds that I was actually able to correlate some of the symptoms to the side effects of the medication.