

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?

The three medications I chose were meclizine, glipizide, and omeprazole. I was very surprised to see that meclizine was on the list because it is used for helping with dizziness with episodes of vertigo. Many, many patients that I know that have vertigo or vertigo like issues are placed on meclizine and many of them are greater than 65 years old. I feel like this has been a go to medication when patients experience these complications. Glipizide is another medication that I know I have seen on many elderly type 2 diabetic patient's med list. This seems to be a popular choice for doctors to prescribe. Omeprazole was another surprise due to the fact again that it is on so many elderly med lists for GERD/GERD like symptoms. This is another go to by HCPs for their patients. It seemed like it was a mild, temporary medication for the relief of GERD. I knew many of the reasons some of the medications would be on the list because we studied it last semester that the body systems change, slow down, absorb differently in the elderly than in a patient younger, but for these to be on a list as something that should not be prescribed for an elder patient yet is seen on many of these patient's med lists is disturbing and concerning! It makes me wonder if physicians care or take the time to truly research the medications and changes to the medications issues as they are on the market longer and longer.

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

At this time in my learning process, I'm not sure I have seen any medications that are not on this list that I would think should be, but I have no doubt there are some.

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 actually surprised that ranitidine was removed from the list due to all the health problems associated with Zantac. I would think it would be important to continue the warning labels because many people keep medications in their med cabinet for years and even though they know they shouldn't, they still use them. In fact, as an example, I had ranitidine still on my computer shelf even though I know the high risk for causing cancer associated with it because it truly was the only thing that worked well for me. Until I was in nursing school, I never thought about the fact that things can occur years later from taking different meds even though the symptoms haven't been there yet. And of course the attitude that it can't happen to me because too much has already happened. Ha!

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?

Medications that I know I have administered that are on the Beers list are meclizine, omeprazole, glipizide, diazepam, alprazolam, zolpidem, lorazepam, naproxen, meloxicam, cyclobenzaprine, and I'm sure there are more I just can't think of.

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 sedative effects on a couple patients I administered cyclobenzaprine and lorazepam now that I am further in nursing school and understand things a little bit more.