Unit 7
ON-LINE CONTENT

Mallory Jamison

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 7 drop box by 0800 on July 7, 2025.

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? **Three medications I was surprised were on the BEERS list are antiparkinsonian agents with strong anticholinergic activity such as Benztropine, short/rapid acting sliding scale insulins, and Famotidine. I am surprised Benztropine, and alike meds are on this list because the list is precautions specific to older adults, but Parkinson's is common in older adults. Second, I am surprised that short/rapid acting insulins are on the list because diabetes is so common now a days and if we need a fast response to lower someone's blood sugar, how would we do so if this medication is on the list? Lastly, the reason I am surprised Famotidine is not on the list is because with my clinical experience and personal experience with loved ones, I have learned that this medication is very common and taken by a significant amount of people. More specifically, GI problems such as acid reflux seem to be common in older adults, which is what this medication helps with.**

2. Are there any medications that are not on the list that you think should be added? If so which medications and why? **A medication that I am surprised is not on the BEERS list is Naltrexone. This is because if it were to apply to an older adult; that is an older adult going through opioid withdrawal, it poses a risk to them considering if they could become confused. For example, this medication requires that patients taking it must be opioid free for a certain number of days before taking it, and if the individual was confused, they could mistake how long they had been opioid free and/or take opioids while on the medication which could cause dangerous reactions.**

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?
A medication that I am surprised has been removed from the BEERS list is Disopyramide. The reason this surprises me is because I found on Skyscape that it is used to help treat ventricular tachycardia. With that being said, as my experience working as a nurse aide, I have heard of ventricular tachycardia a decent amount and it always seems like a serious problem, thus leading to my surprise.

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 on the BEERS list that I have administered include Warfarin, Aspirin, Famotidine, Pantoprazole, Omeprazole, and Diphenhydramine. I was surprised that there were this many medications on the list that I have given.**

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? **The only medication I**

can really remember seeing side effects from on a patient is from blood thinners such as Aspirin. That is, the side effect I saw is bleeding, which is exactly what is expected with this medication. For example, patients on this medication may need to have pressure held to their IV site for longer than usual upon removal, because they are prone to bleeding more easily.