

Unit 7
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 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 that are on the Beers list that surprised me were aspirin, insulin sliding scale, and proton pump inhibitors, for example omeprazole. These medications on the list surprised me because they are typically commonly used for older adults that struggle with the corresponding illness or need for the medication. During clinical I have seen these medications prescribed for older adults. In lecture we talked about what can cause individuals to need these specific medications. Diabetes is a common chronic illness that older individuals struggle with. It is also common for older individuals to struggle with GERD and heartburn which is typically managed using PPI's. Aspirin is commonly prescribed to these individuals as precautionary measures in reducing the risk of stroke, heart attacks, and deep vein thromboses. While there are other medications that can be used in replacement of some of these medications. These are still typically prescribed.

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

I think melatonin is a medication that can also be purchased over the counter and should be added to the list. Because this can be purchased over the counter it has the potential to be overused and misused. Older adults can be sensitive to the effects and can experience prolonged drowsiness and confusion. This can increase the risk of injuries and falls.

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?

After reviewing page 24 in the article and reading the medications that have been removed, none of the medications necessary surprise me. However, the medications that were removed due to low use can still have the same negative effects on older adults. Just because they may not be used as frequently, they still pose a risk, so I am surprised that they take medications off due to this reason.

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?

Thinking back to my past clinical experiences I remember administering aspirin, omeprazole, pantoprazole, and ibuprofen.

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 do not remember any of the patients experiencing significant side effects from these medications at the time. However, I have had a patient that was on a PPI long term that later ended up struggling with the frequent occurring of C-diff. Additionally, I have had and seen older patients that used aspirin and ibuprofen in the pass that struggling with bleeding complications and prolonged bleeding when cut, had catheter removals, etc.