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?

One medication that surprised me was aspirin. It is used so often that I did not expect to see it on the list. They point out that it is a bleeding risk in older adults which outweighs the benefits. Another medication I was surprised to see was eszopiclone because it can be safer than benzodiazepines. They are on the list because of increased risk of falls and cognitive impairment. I was also surprised to see nitrofurantoin because it can be used for UTIs in elderly patients. It is flagged because of the risk of pulmonary toxicity and peripheral neuropathy.

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 tramadol should be moved to the avoid table rather than being just used with caution. This medication has higher risks in older adults for serotonin syndrome, confusion, and falls. The medication also has a risk for dependence which should cause even more caution.

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 surprised me was flurazepam which was removed because of low use. Flurazepam is a long-acting benzodiazepine, and it has a risk for sedation and falls. It was included in the previous version of the Beers list so it seemed justified, but I didn't think that it would be removed entirely. I thought maybe it would just be used with caution.

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?

During clinical over the past year, I remember giving a patient diphenhydramine for allergies. Another medication I remember administering to a patient is glipizide for managing their blood sugar. I did not realize how risky these medications can be for older people and will now be more aware.

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 patients that I administered the medications to did not experience any side effects while I was taking care of them on clinical. I monitored the patients on diphenhydramine for confusion and disorientation. I also monitored the patient taking glipizide for signs of hypoglycemia such as dizziness and sweating.