

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?
 - Sliding scale insulin being on the list surprised me because of how widely it is used. Short acting or rapid acting insulin being used in the scales, as well as not using basal or long-acting insulin is not recommended.
 - Warfarin surprised me because we already are aware of the bleeding risks associated, however it is not recommended anymore for the initial therapy of nonvalvular afib and VTE. I was surprised to hear this because it is commonly used for patients with afib.
 - Benzodiazepines was on the list multiple times because of increased risk of overdose, dependence, and other adverse effects from its CNS effects. Which is surprising to me based off of how often they were used for many different conditions.

2. Are there any medications that are not on the list that you think should be added? If so which medications and why?
 - I was expecting to see NSAIDS and opioids on the list a bit more compared to what was there. Mainly because of how NSAIDS interacts with many medications and cause issues to many body systems. As well as opioids and how dangerous respiratory depression can occur especially when in combination with other medications.

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?
 - Pentobarbital being removed shocked me. At first I thought this was phenobarbital, however when researching this medication I learned that there is a high caution for paranoid, suicidal ideations, and impaired memory, judgement, and coordination. This med also interacts with other substances such as alcohol that can cause respiratory depression/ death. This med was used to treat anxiety, insomnia, and seizure disorders. The medication is no longer on the US market, which is a good thing with how dangerous this medication seems to be. Hopefully this medication stays off of the market, because if it was easily removed then it must not have a enough pros to combat the cons.

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?

- It is hard to remember, but I think I gave warfarin, insulin sliding scale (rapid and short acting), 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 personally did not have a patient experience with any side effects or issues after administering medications. The only symptom a patient has had after medications was a headache, this could be a side effect from any medication, BEERs list or not.