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?
   I was surprised how many psychiatric medications were on the Beers list. I was surprised that Chlorpromazine was on the list, when reviewing why, it stated that the orthostatic hypotension risk makes it an inappropriate medication for older individuals. Amitriptyline is also on the beers list, due to the anticholinergic properties and how it can affect the CNS. Benzodiazepines were also on the list, as the risk for overdose is so high.

2. Are there any medications that are not on the list that you think should be added? If so which medications and why?
   The one medication that I am familiar enough with to think should be included on the Beers list is Semaglutide. Although a very important and useful drug for weight loss and the treatment of diabetes, it can also lead to dehydration, muscle loss, and some potential GI side effects (vomiting/nausea). These symptoms can lead to dizziness and potential risk for 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?
   The medication that was removed that surprised me was Clemastine. This drug is an antihistamine that helps get rid of symptoms caused by common colds and allergies. Adverse reactions can be drowsiness, blurred vision, and dizziness. I feel as if this may be dangerous for older individuals, as this can increase their risk of falls.

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?

   I have administered a few of the medications on the list, such as Omeprazole, Lorazepam, Aspirin, and Guanfacine.

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 a few reactions from the medications on the Beers list with previous patients. For Lorazepam specifically, I noticed some drowsiness from my patient, and they ended up falling asleep shortly after receiving their dose. I also noted the patient having to get up slowly, as they were very dizzy from the medication when they woke up. The patient was already a fall risk, so they were supervised when getting up.