

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?
-The sliding scale insulin, the short or rapid acting, surprised me that it was on the list. I was surprised because I see it commonly, and frequently used in hospital settings to manage blood glucose. Another medication on the list that surprised me was Diphenhydramine. This surprised me because of how widely available this medication is and how commonly it is used for things such as allergies or cold symptoms. It is so accessible and familiar that I did not expect it to be potentially inappropriate. Another medication that surprised me was Zolpidem. I know that this medication is commonly prescribed for insomnia and is generally considered safer than benzodiazepines, so I was surprised that this medication was also considered potentially inappropriate.

2. Are there any medications that are not on the list that you think should be added? If so which medications and why?
- One medication that is not on the list but might be added is Gabapentin, which is used for neuropathic pain, partial seizures, and restless legs syndrome. This medication side effects can lead to dizziness, drowsiness, and confusion. All of which can significantly increase the fall risk in the elderly. Another could be Bupropion, which lowers the seizure threshold. This is important for the elderly because they often have multiple comorbidities or are taking diuretics, which increases seizure risk.

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?
-Both Carbinoxamine and Dextrobrompheniramine, which are both first generation antihistamines used to treat allergies and cold symptoms. This is surprising because these medications still have the same risks as the other antihistamines that remained on the list, like increased risk of falls. It was surprising to me that it was removed because of low use.

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 medications such as the Sliding Scale Insulin for correction of high blood glucose levels. Another medication on the list that I administered was omeprazole for GI bleeding.

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?
- **When caring for a patient with type two diabetes and administering the sliding scale insulin he complained of dizziness and fatigue. When caring a patient experiencing a GI bleed and administering Omeprazole she mentioned experiencing fatigue and a noticed she had some difficulty with her balance when walking.**