CASE SCENARIO: #1

GW is a 70 y/o white female with a history of rheumatoid arthritis and mild congestive heart failure, treated with diuretics (fluid pills) and aspirin 650 mg tid, resulting a serum salicylate level of 25 mg/dL (therapeutic range is 15-30 mg/dL). After several months of treatment with excellent results, GW experienced tinnitus (ringing in her ears) on the day of a scheduled clinic visit. A serum salicylate level was ordered and reported as 400 mg/L. Her congestive heart failure had become more symptomatic, resulting in a 3 kg fluid weight gain and the need for use of 2 pillows under her head to sleep at night. The only change in her treatment since the first serum salicylate determination, had been a recent discontinuation of the antacid Maalox® that she was taking with each aspirin dose. Explain the reason(s) for the change in the serum salicylate concentration.

CASE SCENARIO: #2

GW in the above case was given captopril 12.5 mg tid for treatment of congestive heart failure (CHF) which improved her symptoms. However, one week after starting the drug, she developed a chronic dry cough. Because the cough persisted, GW stopped captopril on her own. She is told by her physician to restart captopril since she felt that this symptom was related to her CHF. Within a day she again develops a persistent dry cough which she says "I can live with and which did not stop me from doing my house work." As a nurse you look up captopril and find that it is know to produce the symptom cough. Is this a side effect/adverse effect of the medication? If yes, what do you base your answer on and how would you rate the severity?