Drug Information Table
ACE Inhibitors – captopril (Capoter

| ACE Inhibitors – captopril (Capoten) | | |
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| Therapeutic Use | Administration | |
| Treatment of Hypertension Heart failure (HF) Diabetic nephropathy Left ventricular dysfunction following myocardial infarction, (ramipril) | Available for oral use only Must be taken two to three times daily for hypertension; three times daily for heart failure Give captopril 1 hr before meals for adequate absorption | |
| Side/Adverse Effects | Interventions | Patient Instructions |
| Severe hypotension following first dose (most likely in patients taking diuretics, with high BP, or who have hyponatremia) | Start ACE inhibitors with low dose and gradually increase to prevent hypotension Diuretics may be temporarily stopped before first dose of ACE inhibitor is given Monitor BP following first dose Manage severe hypotension by expanding blood volume with IV fluid therapy | Be aware that this effects may occur Lie supine if lightheadedness occurs following first dose |
| Dry, nonproductive cough due to increase in bradykinin | Monitor for and report dry cough Discontinue use of ACE inhibitor if dry cough occurs | Report dry cough to provider |
| Rash and report of metallic taste in mouth | Monitor for and report these effects (ACE inhibitor may be discontinued) | Report rash to provider Report metallic or decreased ability to taste foods associated with decreased intake and weight loss |
| Angioedema (swelling of mouth, throat (due to inhibition of kinase II) | Treat severe angioedema with IV epinephrine Discontinue use of any ACE inhibitor if angioedema occurs | Report minor swelling of mouth, throat to provider; call 911 immediately if severe reaction occurs |
| Hyperkalemia | Monitor potassium levels in patients who are at risk (See interactions, below) | Refrain from using potassium supplements and potassium-containing salt substitutes while taking an ACE inhibitor Report palpitations, muscle twitching, weakness or paresthesias in extremities to provider |
| Neutropenia (decrease in white blood cells with increased risk of infection) | Monitor white blood cell counts (WBC) with differential (includes number of neutrophils and other types of white blood cells) every 2 weeks for first 3 months of therapy and then periodically | Report sore throat or other signs of infection to provider |
| | | Do not take an ACE inhibitor if you are pregnant or breastfeeding |
| Contraindications | Precautions | Interactions |
| Pregnancy risk category D (fetal damage), lactation Angioedema or allergy to ACE inhibitors Hypotension Liver disease with elevated liver enzymes | Decreased renal function Bone marrow depression or use of other drugs that cause immunosuppression Auto immune disorders, such as rheumatoid arthritis Cardiovascular disease Cerebral vascular disease Heart failure Hyperkalemia Hyponatremia Older adults | Potassium-sparing diuretics, potassium supplements, or use of salt substitutes increase risk for hyperkalemia Antihypertensive drugs, diuretics, and nitrates (such as nitroglycerin) increase risk for hypotension NSAIDs may decrease effectiveness Food decreases absorption of ACE inhibitors ACE inhibitors may cause lithium toxicity |