Villaruel

Good job overall. Good capture of information and good structure. Baseline function well-conveyed. Need a little more info on the chest pain in the HPI and on the LE stents in the PMH. Two other things to consider in this patient – first why does she have a restrictive defect on PFTs? [Look up the common causes]. This is not a common finding and needs explanation. Second, could her meds be causing her cough? (See my note below). Otherwise some minor issues – see my comments.

Identifying Data

Date:	03 / 30 / 2022
Time:	9:30 AM
Location:	Metropolitan Hospital Geriatrics Clinic
Patient Name:	E.E.
Sex:	F
DOB:	08 / 01 / 1935
Informant:	Patient
Reliability:	Reliable

Chief Complaint

"Cough x 3 days"

HPI

E.E. is a 86 year old female living at home with her husband, ambulates with cane, no vision or hearing problems, independent in ADLs, with a PMHx HTN, T2DM, CKD, PAD, Osteopenia, GERD, and Asthma, presents to the Metropolitan Geriatric Clinic for follow-up complaining of cough x 3 days. Patient states the cough is constant and dry with clear sputum and tinged blood. Patient denies any factors that make it worse and has found minimal relief with her Albuterol pump. She reports that the coughing is most bothersome at night because it interrupts her sleep. She admits to shortness of breath, sore throat, post nasal drip, mid-thoracic back pain, and chest discomfort **need more about this – what kind of chest discomfort, when etc.(OPQRST or OLD CARTS info)**. Denies any known sick contacts, fever, chills, HA, dizziness, palpitations, wheezing, heartburn, abdominal or urinary symptoms.

Patient also had a mechanical fall 4 weeks ago (03/01/2022), when husband lost balance and held onto her causing her to fall to the ground. Patient reports she landed on her back and hit her right hip and the back of her head. Denies LOC. She was evaluated in the ED that same day. No acute intracranial abnormality seen. Bedside neurological exam normal. Head, pelvic, lumbar CT negative for fracture or ICH. Patient discharged on Tylenol and Zofran PRN. As per patient, symptoms are improving but continues to have intermittent right hip pain and takes Tylenol PRN.

Geriatric Assessment

ADLS:	Independent
IADLs:	Patient needs assistance with shopping for groceries and doing laundry.
Visual Impairment:	None
Hearing Impairment:	None
Falls in Past Year:	Yes, See HPI
Assistive Devices used:	Yes, Cane (forgot to bring today)

Gait Impairment:	None
Urinary Incontinence:	None
Fecal Incontinence:	None
Elderly Mistreatment:	Denies
Osteoporosis:	None
Mini-Cog:	4/5
Depression:	None
Health Care Proxy:	Yes, Daughter
Advanced Directives:	Yes, See MOLST form

Past Medical History

Present Illnesses:
DM type II x 30 years
Asthma x 30 years
HTN x 25 years
Osteopenia x 12 years
GERD x 10 years
CKD stage 3 x 8 years **would like to know if this is progressing or stable**
PAD x 8 years

Past Illnesses:
COVID-19 3/2020
Uterine Fibroids 1980

Immunizations:
Shingles 1st Dose 1/2022, 2nd Dose Today
Influenza 9/2021
Pneumococcal 5/2021
TDAP 6/2019
COVID-19 vaccine x 3 doses

Screening Tests:
DEXA scan 2021 – Osteopenia / borderline osteoporosis T-score -2.2
Mammogram 2021 – negative
Colonoscopy 2013 – negative

Hospitalizations:
Denies

Medications:
Acetaminophen 500mg Tablet, PRN for hip pain
Albuterol 108 MCG/ACT Inhaler, PRN for Asthma
Symbicort 80-4.5 MCG/ACT Inhaler, Twice daily for Asthma
Montelukast 10MG Tablet, Nightly for Asthma
Amlodipine 2.5mg Tablet, Daily for HTN
Losartan-Hydrochlorothiazide 12.5mg Tablet, Daily for HTN
Glipizide 6mg Tablet, Daily in the morning for DM
Rosuvastatin 20mg Tablet, Daily for HLD
Calcium Carbonate Vitamin D 600mg Tablet, Twice daily for OP
Menthol Topical Analgesic 16% Cream, PRN on affected joints for OP
Omeprazole 20mg Capsule, Daily for GERD

Allergies:
Aspirin - Itching

Past Surgical History

Surgeries:	Vascular Surgery 2014 on right leg, had stents placed for PVD **would like to know in which vessels – or state that it is unclear (but you asked the question)** Cholecystectomy 2012 Bilateral Cataract Extraction 2009 Cesarean Section x 4 times 1960, 1965, 1969, 1970 Total Hysterectomy with Bilateral Salpingo Oophorectomy 1990
Transfusions:	Denies

Family History

Mother:	Deceased at 75 years old, Type II DM
Father:	Deceased at 77 years old, Colon Cancer, Type II DM
Brother:	Deceased at 70, Prostate Cancer
Daughter	Living at 62, Type II DM, Hyperthyroidism
Daughter:	Living at 57, healthy
Son:	Living at 53, Type II DM, HTN
Son:	Deceased at 10 years old, MVA

Social History

E.E. is a 86 year old female living at an apartment with her husband in Spanish Harlem. She ambulates with cane, has no vision or hearing problems, independent in ADLs. She has been retired for 20 years from her previous work as a grocery store manager. She and her husband immigrated to NY from Puerto Rico 50 years ago. Her highest education level is high school in Puerto Rico. She currently receives weekly help from her 3 children for IADLs such as grocery store shopping, laundry, and managing finances. She denies need for home health aid assistance. Care giver to husband

Habits:	Denies current and past smoking, alcohol use, tobacco use, marijuana use, and illicit drug use.
Diet:	She claims to have balanced diet consisting of rice, beans, tortillas, salad, and red meat. Tries to minimize salt and sugar intake.
Exercise:	Active, has daily walks with her husband. Can ambulate 8 blocks before feeling short of breath. **Would like to know whether she can climb a flight of stairs without SOB**
Sexual Activity:	Not Currently

Review of Systems

Constitutional	**Negative** for activity change, weight loss, fever, chills, night sweats, malaise/fatigue.
Skin / hair / nails	**Negative** for changes in texture, excessive dryness, discolorations, redness pigmentations, ulcers, moles/rashes, pruritus, or changes in hair distribution.

Head	**Negative** for swelling, dizziness, headaches, vertigo, light-headedness, or recent head trauma.
Eyes	**Negative** for blurring, diplopia, scotoma, eye fatigue, scotoma, halos, pruritus, lacrimation, photophobia, , redness, or discharge.
Ears	**Negative** for deafness, pain, discharge, tinnitus, hearing aid use.
Nose / Sinuses	**Positive** for congestion and difficulty breathing. **Negative** for rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis, loss of smell.
Mouth / Throat	**Positive** for sore throat and post-nasal drip. **Negative** for bleeding gums, sore tongue, mouth ulcers, voice changes, tooth pain, swelling, pain, dryness, loss of taste, or use of dentures.
Neck	**Negative** for neck pain, stiffness, decreased range of motion, trauma, localized swelling, lumps, or adenopathy.
Breast	**Negative** for lumps, nipple discharge, pain, swelling in breast and armpit area.
Pulmonary	**Positive** for cough, sputum production (clear, very scant blood), and SOB. **Negative** for hemoptysis, wheezing, cyanosis, orthopnea, PND.
Cardiovascular	**Positive** for chest pain (worse when coughing, 2/10 pain, non-pleuritic, non-positional, non-exertional, not sharp or tight, non-radiating), extremity swelling (bilateral legs, chronic, secondary to Hx of PAD). **Negative** palpitations, irregular heartbeat, syncope, or known murmurs / arrhythmias, pain in calves, ulcers.
Gastrointestinal	**Negative** for abdominal pain, heartburn, vomiting, nausea, pyrosis, dysphagia, unusual flatulence, eructations, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding.
Genitourinary	**Negative** for nocturia, urgency, frequency, hesitancy, polyuria, oliguria, dysuria, change in urine color, incontinence, hematuria, pyuria, dark brown urine, flank pain, or post-menopausal bleeding.
Nervous	**Negative** for seizures, headaches, dizziness, balance problems, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	**Positive** for chest pain (worse when coughing, 2/10 pain, non-pleuritic, non-positional, non-exertional, not sharp or tight, non-radiating) back pain (midthoracic, worse when coughing, 2/10 pain, non-pleuritic, non-positional, non-radiating), falls (See HPI), joint pain (Hx Osteopenia), and extremity swelling (bilateral legs, chronic, secondary to Hx of PAD). **Negative** for deformity, redness, restricted motion, joint swelling, gout. **A fair amount of this needs to be included in the HPI because it's relevant to her chief complaint**

Hematologic	**Negative** for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	**Negative** for polydipsia, polyuria, excessive sweating or flushing, polyphagia, heat or cold intolerance, goiters, or hirsutism.
Psychiatric	**Negative** for depression, anxiety, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoias, psychiatric medication use.

Physical Exam

Vitals	BP: 165/65 RA, Sitting **Note here whether took her meds that AM** RR: 20 breaths / min, unlabored Pulse: 71 beats / min O2 Sat: 98% Room air Temp: 98.8 oral Height: 1.448m Weight: 64.5 kg BMI: 30.29 kg/m2
General	Alert, awake, not in acute distress. Appears to be well-developed and well-nourished.
Hair	Unremarkable quantity, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No masses, lesions, deformities on scalp. No swelling, trauma, tenderness to scalp on palpation.
Head	Unremarkable symmetry. Normocephalic, atraumatic, non-tender to palpation throughout. No abnormal facies. No, lesions, mass, deformities, depressions. No swelling, edema, scars. No facial pain to palpation. **Would like to remark on any evidence of previous fall – or say that there isn't any**
Eyes	No signs of lesions, masses, deformities, discharge, abnormal color. Symmetrical OU. Sclera white, cornea clear, **lenses? (cataracts?)** conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. Visual acuity uncorrected 20/20 OU. Visual fields full OU by confrontation, PERRLA. EOMS intact with no nystagmus.
Ears	Symmetrical and appropriate in size. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. Appropriate amount of cerumen. No tenderness to palpation. Tympanic membrane pearly white/intact with light of reflex AU. Auditory acuity intact to whispered voice AU.
Nose / Sinus	Unremarkable symmetry. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. No tenderness, bogginess, trauma, or step off to palpation.

	Nares patent bilaterally. Nasal mucosa pink & well hydrated. Septum midline without lesions / deformities / injection / perforation. Turbinates without erythema or edema. No foreign bodies. Sinuses are non-tender to palpation.
Mouth	Lips pink, moist, no cyanosis or lesions, swelling, fissures. Non-tender to palpation. Mucosa is pink, well hydrated. No masses, lesions, scars. Palate is pink, well hydrated and intact. Gums are pink, moist. No masses, lesions, erythema, discharge. Tonsils are unremarkable and symmetric. Uvula midline. Hard and soft palette intact. Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Oropharynx shows no injection, masses, lesions, foreign bodies, discharge, exudates. Post-nasal drip noted in oropharynx**. Any erythema?**
Neck	Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars. No abnormal pulsations noted, JVD, carotid thrills. Supple, non-tender to palpation. No carotid bruits on auscultation. **Adenopathy (in pt. with sore throat and cough)**
Thyroid	Non-tender. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy in pre/postauricular, occipital, tonsillar, submandibular, submental, superficial, anterior/posterior cervical, supra/infra clavicular.
Skin	Warm, moist, smooth, even texture, poor turgor but appropriate for age. Bilateral skin temperature consistently warm on all extremities. No masses, lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules. **Skin exam usually placed after General. Any scars on the LE's that might help understand which vessels were stented?**
Nails	Capillary refill <2 seconds throughout upper and lower extremities. Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.
Lungs	Pulmonary effort appears normal, No accessory muscle use. No stridor or respiratory distress. Chest expansion on respiration and diaphragmatic excursion symmetrical and appropriate. No wheezes, adventitious / diminished breath sounds. Auscultation reveals bilateral rhonchi and crackles at lung bases**.** No signs of consolidation or fremitus. No tenderness noted. Resonant throughout percussion.
Heart	Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. Neck supple. No JVD present. PMI not recorded. No abnormal pulsations noted. No heaves or thrills or lifts on palpation. PMI palpable in the 5th intercostal space at midclavicular line.
Abdomen	Abdomen symmetric with no scars **Scars from previous surgeries?** , bruises, varicosities, straie, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. Non-tender to palpation and tympanic throughout. No distention noted. Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits. Tympanic throughout. No guarding or rebounding noted. No presence of ascites from negative fluid wave. No hepatosplenomegaly to palpation. No CVA tenderness. **Order of info in abdominal exam: Inspection, auscultation, percussion, palpation**

MSK — Symmetric muscle bulk with appropriate tone for her age. No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral lower and upper extremities. Full active/passive ROM of all extremities without rigidity or spasticity. Strength 3/5 throughout against resistance. Reproducible pain and tenderness to palpation on anterior chest wall at pectoral and costosternal points bilaterally and posterior chest wall at mid thoracic paraspinal muscles. **Good attention to this – not so clear what pectoral points would be though. Do you mean over the pectoralis (large area)? As discussed, we're trying to get clearer on where the structure that's tender is and therefore what it is. Could be muscular or joint. After fall could even be a fractured rib.**

Vascular — Trace edema 1+ bilaterally in lower extremities near ankles, chronic. Extremities are appropriate in color, size, temperature. Pulses are 2+ bilaterally in upper extremities. Pulses 1+ bilaterally in lower extremities at posterior tibialis, dorsalis pedis, popliteal. No calf tenderness bilaterally, equal in circumference. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No bruits noted, clubbing, cyanosis, stasis changes or ulcerations.

Neuro — Not performed.

Mental Status — Intact judgement, insight, cognitive function, orientation, memory and attention for recent remote events. Intact language and speech. No depression or suicidal ideations.

Recent Labs

CBC			
-	WBC	6.89	03/01/2022
-	HGB	12.1	03/01/2022
-	HCT	36.2 (L)	03/01/2022
-	Platelets	287	03/01/2022
-	MCV	88.7	03/01/2022
POC			
-	Hemoglobin A1C POC	7.9 (H)	03/30/2022
-	Glucose Fingerstick	174 (H)	03/30/2022
BMP			
-	Sodium	137	03/01/2022
-	Potassium	4.3	03/01/2022
-	Chloride	103	03/01/2022
-	CO2	22.0	03/01/2022
-	BUN	28.0 (H)	03/01/2022
-	Creatine	1.2 (H)	03/01/2022
-	eGFR	40.9 (L)	03/01/2022
CMP			
-	ALT	19	03/01/2022
-	AST	20	03/01/2022
-	ALK PHOS	113 (H)	03/01/2022
LIPID PANEL			
-	Triglyceride	300 (H)	03/01/2022
-	Cholesterol	148	03/01/2022

- HDL 37 (L) 03/01/2022
- LDL 51 03/01/2022

THYROID
- TSH 1.75 03/01/2022

Recent Imaging

CT ABDOMEN PELVIS NO CONTRAST 03/01/2022
IMPRESSION:
- No acute fracture demonstrated.
- There is a benign hemangioma of the T7 vertebral body and a benign hemangioma of the L1 vertebral body. There is grade 1 spondylolisthesis and spinal stenosis at the L4-L5 level.
- Lytic lesions in L2-L4 vertebral bodies.
- Diverticulosis without evidence of acute diverticulitis

CT LUMBAR SPINE NO CONTRAST 03/01/2022
IMPRESSION:
- No acute fracture/subluxation lumbosacral spine.
- Multilevel disc herniations, spinal, bilateral lateral recess, and foraminal stenosis.

CT HEAD NO CONTRAST 03/01/2022
IMPRESSION:
- No intracranial hemorrhage.
- Increased moderate/marked small vessel ischemic disease/white matter age indeterminate and old lacunar infarcts.
- Increased moderate/marked cerebral and moderate cerebellar atrophy.
- Partial opacification of left anterior ethmoid air cells and inferior left frontal sinus, including secondary to secretions **Relevance to chief complaint?**

Recent Exams

ECHOCARDIOGRAM 10/18/2021
INTERPRETATION:
- LV ejection fraction 55-60%
- Mild LVH
- Normal RV systolic function
- Mild Aortic Stenosis

EKG 12 LEAD 03/30/2022
INTERPRETATION:
- Normal sinus rhythm, no abnormalities

PFTs 01/03/2022
INTERPRETATION:
- Evidence of restriction with increased RV at 156. No obstruction. Severely decreased diffusion but likely falsely low due to low IVC. **Reason for restrictive disease?**

Problem List

1. Cough
2. MSK chest pain
3. Asthma
4. DM type II
5. Hemoglobin A1C elevated
6. HTN
7. CKD stage 3
8. Osteopenia
9. Recent fall (3/01/2022)
10. GERD
11. PAD
12. Edema of the legs
13. Hemangioma of bones on CT
14. Lytic lesions of bones on CT
15. Health maintenance

Assessment/Plan

E.E. is a 86 year old female independent in ADLs, with a PMHx HTN, T2DM, CKD, PAD, Osteopenia, GERD, and Asthma, comes for follow up appointment and c/o of cough for 3 days. The cough presents as dry with clear sputum production, SOB, and chest pain. Vital signs are within normal limits for the patient. On physical exam she is found to have postnasal drip, bilateral rales, 1+ pitting edema on legs bilaterally, and reproducible chest pain. The differential diagnoses include URI, CHF, Asthma exacerbation, COVID.

Differential Diagnoses

1. Viral URI (**most likely**)
    - Endorses difficulty breathing, dry cough, clear sputum, sore throat
    - VS stable - Afebrile, non-tachypneic, non-tachycardic, non-hypoxic
    - PE positive for nasal congestion, postnasal drip, bilateral rales
    - PE negative for exudates, wheezing, JVD, loss of sense, loss of taste
2. CHF
    - History of hypertension and peripheral artery disease
    - Endorses SOB, dry cough, clear sputum, sore throat
    - PE positive for bilateral rales and bilateral lower extremity edema
    - **Unlikely** because vital signs stable, leg edema has been chronic problem, no JVD or hepatojugular reflex, previous echo shows no heart abnormalities, and patient does not appear in acute distress
3. Asthma exacerbation
    - History of asthma
    - Endorses cough with SOB
    - **Unlikely** because vital signs stable, denies chest tightness or throat tightness, PE shows no wheezing or accessory muscle use or retractions, asthma is usually well controlled, and patient does not appear in acute distress
4. COVID-19
    - Endorses difficulty breathing, dry cough, clear sputum, sore throat

- **Unlikely** because vital signs stable, denies loss of taste or smell, denies body aches, received COVID vaccines plus booster, no known sick contacts, and patient does not appear in acute distress

5. **Allergy? – dry cough, season for increased pollens and grasses, post nasal drip, nasal congestion**

 # Cough
 # Mild Persistent Asthma
- Has not had exacerbation in years, Last time Albuterol used: 1 month ago
- PTFs done 1/03/2022 **which showed predominantly restrictive defect, but no obstruction**

PLAN:
- Ordered CXR
- Ordered COVID PCR test
- Ordered Viral Panel
- Advised to start symptomatic therapy
    - START Dextromethorphan-guaifenesin (Robitussin) 5mL PO 3x daily PRN for 10 days
    - START Ascorbic Acid (Vitamin C) 100 mg PO 1x daily
- Discussed about asthma action plan in case symptoms worsen
    - CONTINUE Symbicort 80 twice daily
    - CONTINUE Albuterol PRN
    - CONTINUE Montelukast (Singulair) 10mg nightly
- RTC 4 week

 # MSK Chest Pain
- Reproducible with palpation, no red flag symptoms for cardiac causes
- EKG done today, showed no abnormalities

PLAN:
- Patient advised to exercise and massage chest muscles
- CONTINUE Acetaminophen 500mg PRN

 # Type 2 Diabetes Mellitus with Hyperglycemia
 # Elevated HGBA1C
- Today A1c: 7.9
- Last A1c: 8.8 (12/28/2021)
- Compliant to Medications: Yes
- Home Medications reconciled: Yes
- Finger stick check at home: Yes
- Podiatry visit in last 1 year: Yes (8/25/2021)
- Retinal exam in last 1 year: Yes (8/11/2021)

PLAN:
- Ordered Urine Microalbumin (Latest was 2020, normal)
- Ordered repeat DM labs for next follow up
- Ordered Diabetes management supplies
- Discussed with patient extensively about life style modification, about ADA recommended diet, and regular exercise - Patient express understanding
- Discussed with patient on how to recognize hypoglycemia episodes and how to manage hypoglycemia, if needed
- Patient is educated to check blood glucose
- Today's A1C is improved but not baseline

- START Sitagliptin (Januvia) 1 tablet 25mg PO daily
- CONTINUE Glipizide Glucotrol) 5 mg daily
- Patient has abdominal pain, nausea, diarrhea with Metformin

 # Recent fall (3/01/2022)
 # Osteopenia (borderline osteoporosis)

- Patient was evaluated in ED on day of fall, no fractures
- R Hip pain from fall improving
- Bisphosphonate was not started in past due to CKD
- Last DEXA 2021: Osteopenia, borderline osteoporosis

PLAN:

- Discussed about fall precaution
- CONTINUE Acetaminophen 500 mg PRN
- CONTINUE Vitamin D 600 mg 2x daily
- CONTINUE Menthol Topical Analgesic 16% Cream PRN

 # Hypertension

- BP not controlled today -- reported uncontrolled at home as well

PLAN:

- Advised pt to monitor BP at home
- INCREASE Amlodipine 2.5 mg to 5 mg daily
- CONTINUE Losartan-hydrochlorothiazide 50-12.5 mg daily

 # CKD stage 3

- Stable **would be good to include eGFR – current and previous one to support this**

PLAN:

- Avoid nephrotoxic medications
- CONTINUE Losartan-hydrochlorothiazide 50-12.5 mg daily for HTN
- CONTINUE Glipizide (Glucotrol) 5 mg daily for DM

 # PAD
 # Edema of the legs

- Last Arterial duplex 2019: Rt side stent in femoral artery **needs to be noted above where I asked about which vessel(s)**. Triphasic waveform throughout legs.
  No evidence plaque or stenosis.
- Last Venous duplex 2019: Triphasic waveform throughout legs.
- **Other potential causes we discussed?**

PLAN**:**

- Patient advised to exercise leg muscle to promote circulation
- REFER to Vascular Clinic to address chronic edema
- CONTINUE Rosuvastatin 20mg Tablet

 # Hemangioma of bones
 # Concerns of bone lytic lesions on CT

- Found incidentally on CT imaging obtained during ED visit (3/01/2022)

PLAN:

- Ordered Serum protein electrophoresis
- Ordered Urine protein electrophoresis
- Ordered CBC

- Discussed with patient for concerns of multiple myeloma and work up needed before referral, patient expresses understanding

 # GERD

- Stable

PLAN:

- CONTINUE omeprazole 20mg daily

 # HCM

- Update vaccinations (Zoster)

PLAN:

- Shingrix #2 given today
- Ordered routine labs for next visit
- Medications, vaccinations, labs, and referrals review with patient, patient accepts and expresses understanding

One other item that occurs to me reading this is that the cough could be due to medication (ARBs less likely than ACEI's to cause cough, but they do cause it sometimes. Other meds with dry cough as an adverse effect?)