Critical Care Guidelines FOR CRITICAL CARE USE ONLY



STRESS ULCER PROPHYLAXIS

Indications:

- -All patients who are critically ill and have risk factors for stress related mucosal disease.
- -Patients who are usually on a proton-pump inhibitor (PPI) prior to admission to critical care should continue on this if clinically appropriate, providing there are no contra-indications **e.g. C. Difficile infection.**

Risk factors:

Independent

- Coagulopathy -platelet count <50, INR >1.5, or APTTr >2
- Mechanical ventilation

Other (list not exhaustive)

- History of upper GI ulceration or bleeding
- Dual antiplatelet therapy while in ICU
- Vasopressor use/septic shock
- Renal replacement therapy
- Liver disease
- Traumatic brain injury
- Spinal cord injury
- Corticosteroid therapy
- Partial hepatectomy

Dose: Pantoprazole 40mg iv once daily

Discontinue when patients are established on full enteral feed, unless there is a separate indication to continue IV PPI therapy. If patients are absorbing enteral feed and it is felt clinically indicated to continue gastroprotection, switch to orodispersible lansoprazole 30mg daily via nasogastric tube or via oral route if available.

References:

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- Zhou X, Fang H, Xu J, Chen P, Hu X, Chen B, Wang H, Hu C, Xu Z. Stress ulcer prophylaxis with proton pump inhibitors or histamine 2 receptor antagonists in critically ill adults - a meta-analysis of randomized controlled trials with trial sequential analysis. BMC Gastroenterol. 2019 Nov 21;19(1):193. doi: 10.1186/s12876-019-1105-y. PMID: 31752703; PMCID: PMC6873751.
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