

## 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  $<50,000/\text{mm}^3$ , INR  $>1.5$ , or APTTr  $>2$
- Mechanical ventilation  $\geq 48$  hours

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:

1. American Society of Health-System Pharmacists Commission on Therapeutics ASHP therapeutic guidelines on stress ulcer prophylaxis. Am J Health Syst Pharm. 1999;56(4):347-379.
2. Hui-Bin Huang et al. Stress ulcer prophylaxis in intensive care unit patients receiving enteral nutrition:a systematic review and meta-analysis. Critical Care (2018)22:20.
3. Alhazzani, W et al. Proton pump inhibitors versus histamine 2 receptor antagonists for stress ulcer prophylaxis in critically ill patients. Critical Care Medicine. 2013;41:3:693-705

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