Stress Ulcer Prophylaxis in the Critically Ill

For all ventilated patients:

<table>
<thead>
<tr>
<th>1st Line</th>
<th>Pantoprazole IV 40mg od</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal dysfunction:</td>
<td>No dose adjustment required</td>
</tr>
<tr>
<td>CVVH:</td>
<td>No dose adjustment required</td>
</tr>
<tr>
<td>NG Alternative</td>
<td>Lansoprazole Dispersible Tablets 15mg PO OD</td>
</tr>
</tbody>
</table>

**On-going Stress Ulcer Prophylaxis**

Decision to continue on-going prophylaxis of stress ulcer in non-ventilated patients should be considered on an individual basis taking into account past medical history, risk factors, clinical status and drug history.

**Risk factors for peptic ulceration include:**
- Coagulopathy
- History of peptic ulceration/GI bleeding
- Admitted on PPI or H2 receptor antagonist (with valid indication)
- Major/Poly trauma
- Head injury
- Burns
- Enteral feeding not established/not eating a full diet
- Renal impairment, including CVVH
- High dose steroids (equivalent to 40mg or more of Prednisolone)
- For patients on NSAIDs/Dual Antiplatelet Therapy see Trust policy

**Mechanically ventilated?**

**Risk factors for stress ulcer?**

**Prescribe Stress Ulcer Prophylaxis**

Review once enteral feeding is established

**STOP stress ulcer prophylaxis**

**Consider stress ulcer prophylaxis**

**References**


Krag M, Marker S et al. Pantoprazole in Patients at Risk for Gastrointestinal Bleeding in the ICU. NEJM 2018; 379:2199-2208

Cook DJ, Fuller HD et al. Risk Factors for Gastrointestinal Bleeding In Critically Ill Patients. NEJM 1994; 330: 377-381


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