

## Stress Ulcer Prophylaxis in the Critically Ill

**For all ventilated patients:**

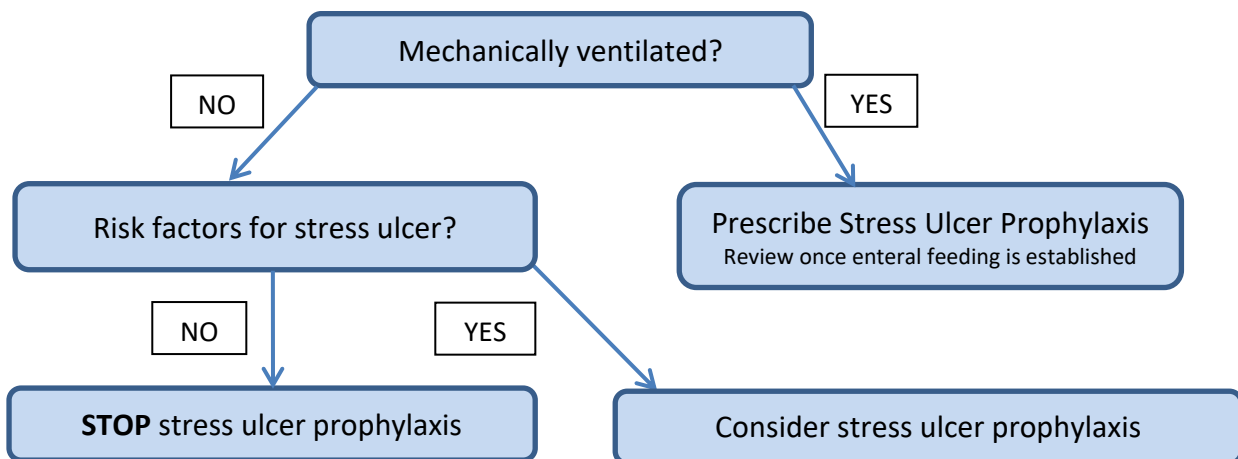
1 <sup>st</sup> Line	Pantoprazole IV 40mg od <b>Renal dysfunction:</b> No dose adjustment required <b>CVVH:</b> No dose adjustment required
NG Alternative	Lansoprazole Dispersible Tablets 15mg PO OD

### On-going Stress Ulcer Prophylaxis

Decision to continue on-going prophylaxis of stress ulcers 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](#)



### References

- Shin J, Abah U. Is routine stress ulcer prophylaxis of benefit for patients undergoing cardiac surgery? *Interact Cardiovasc Thorac Surg.* 2012; 14: 622-628
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- 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
- National Institute for Health and Care Excellence (2016) Acute upper gastrointestinal bleeding in over 16s: management. NICE Guideline (CG141)
- National Institute for Health and Care Excellence (2014) Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. NICE Guideline (CG184)
- Renal drug database, Pantoprazole monograph. Accessed on 10/10/19 via <https://renaldrugdatabase.com>