

Surgical Intensive Care Unit

Practice Management Guideline: Gastrointestinal Stress Ulcer Prophylaxis

I. Purpose

The purpose of this guideline is to standardize the prevention of stress ulcers in the Surgical Intensive Care Unit (SICU).

II. Indications for stress ulcer prophylaxis (SUP)

Table 1: Risk Factors and Indications for Stress Ulcer Prophylaxis (SUP)
Indications for all critically ill patients
<ul style="list-style-type: none">• Coagulopathy<ul style="list-style-type: none">○ Defined as INR >1.5, platelets <50,000, or PTT > 2 times the upper limit of normal• Shock• Chronic liver disease
Other indications for special populations
<ul style="list-style-type: none">• Esophagectomy• Gastric bypass or other gastric surgery• Traumatic brain injury (TBI)• Intracranial hemorrhage
Indications for treatment dose proton pump inhibitors (PPI) (pantoprazole 40mg IV twice a day)
<ul style="list-style-type: none">• Treatment of <i>helicobacter pylori</i> infection• Active upper gastrointestinal bleed (UGIB)

III. Pharmacologic agent

First-line

- Famotidine IV/PO/PT (enteral administration is preferred)
 - CrCl \geq 50 mL/min: Famotidine 20 mg PO/PT/IV q12h
 - CrCl < 50 ml/min: Famotidine 20 mg PO/PT/IV q24h

Second-line or on a PPI prior to admission

- Pantoprazole 40mg IV/PO/PT daily (enteral administration is preferred)

IV. Enteral nutrition recommendations

Patients receiving enteral nutrition with an indication for SUP listed in Table 1 should receive pharmacologic SUP.

V. Discontinuation

SUP should be discontinued when the patient is no longer critically ill or no longer has an indication for SUP. Patients on a SUP medication prior to admission should have the indication reviewed and consideration made for discontinuation.

VI. Trauma patients

If a trauma patient is admitted to the SICU, the trauma SUP guidelines will be followed and can be found on the trauma website (<https://www.vumc.org/trauma-and-scc/trauma-and-surgical-critical-care-practice-management-guidelines>).

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