

STRESS ULCER PROPHYLAXIS (SUP) GUIDELINES

Absolute Indications for Stress Ulcer Prophylaxis:

- Coagulopathy
- Respiratory failure and is expected to require mechanical ventilation for more than 48 hours
- Severe head trauma

Other Risk Factors:

- Sepsis
- Expected ICU stay of more than 1 week
- Guaiac-positive stool
- History of GERD now in a critical care setting
- History of GI bleed/ulcer
- History of hypersecretory condition (i.e. Zollinger-Ellison)
- Use of high-dose steroids (>250mg/day hydrocortisone or the equivalent)
- Hypotension
- Poly-trauma
- Thermal injury involving more than 35% of body surface area
- Acute renal failure
- Acute hepatic failure

Discontinuation of Stress Ulcer Prophylaxis

Stress Ulcer Prophylaxis should be discontinued when:

- The patient is tolerating PO or enteral feeds
- AND-
- The patient's coagulopathy has resolved.
 - The patient no longer requires mechanical ventilation.
 - The patient's other risk factors have resolved (now only has one risk factor or none).

Note:

- If the patient has a severe head injury, Stress Ulcer Prophylaxis may need to be continued for an extended period of time.

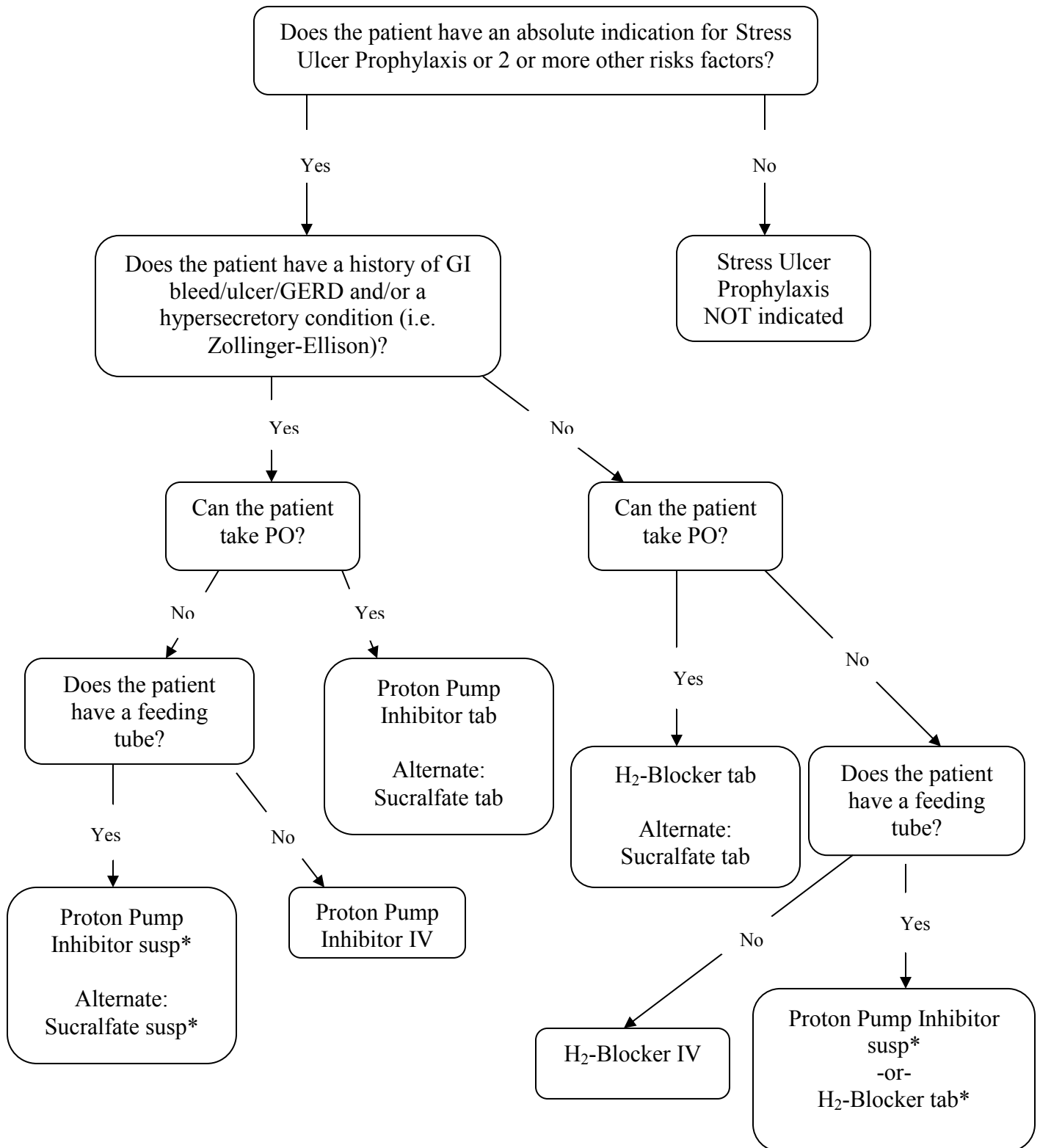
Adverse Reactions

Note:

- If the patient develops mental status changes and/or thrombocytopenia while on Stress Ulcer Prophylaxis, consider switching agents.



Developed by the Stress Ulcer Prophylaxis Committee
as a part of the 100K Lives Saved Campaign
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*May be administered via a tube placed in the stomach or duodenum.

**May be administered via a large-bore tube placed in the stomach only.