STRESS ULCER PROPHYLAXIS

Definition of stress ulcer:
Superficial erosions in the gastric mucosa, common in ICU patients

Stress ulcer prophylaxis should be considered in all ICU patients. Risk factors for stress ulceration are as follows:

1. mechanical ventilation > 48hours
2. coagulopathy
3. significant hypotension
4. sepsis
5. prolonged nasogastric tube placement
6. acute hepatic failure
7. chronic renal failure
8. severe head injury
9. burns > 30% body surface area
10. chronic alcohol use
11. glucocorticoid administration

Patients who are not mechanically ventilated, are not coagulopathic, are enterally fed and have no major organ failure may not require prophylaxis.

There is some evidence that early enteral bleeding may afford some protection. Prophylaxis with antacids, sucralfate and H2 blockers reduces the risk of both overt and clinically important bleeding.
In our unit, commonly used regiment:

- Ranitidine (Zantac) 50mg Q8H IV
  reduce dose to 50mg Q12H IV in renal failure
- Famotidine (Pepcidine) 20mg Q12H po
  reduce dose to 20mg daily po in renal failure

Consider proton pump inhibitor

- Omeprazole (Losec) 40mg daily IV
- Pantoprazole (Pantoloc) 40mg daily IV (80mg bolus + 8mg/hr for rapid control)

in treatment of bleeding or to prevent rebleed.

Reference:

1. Cook DJ, Fuller HD, Guyatt GH, et al. Risk factors for gastrointestinal bleeding in critically ill patients. Canadian Critical Care Trials group. *N Engl J Med.* 1994: 330:377-381.
2. Cook DJ, Reeve BK, Guyatt GH, et al. Stress ulcer prophylaxis in critically ill patients. Resolving discordant meta-analyses. *JAMA.* 1996:275:308-314.