ICU BEDSIDE REFERENCE

Stress Ulcer Prophylaxis

Critically ill adults — one agent, low dose, reviewed every day

THE 7-POINT BUNDLE

1. Daily risk assessment
2. Early enteral nutrition
3. Single-agent prophylaxis
4. Enteral route preferred
5. Monitor for harm
6. De-escalate & stop
7. Document & review

THE PRINCIPLE

Prophylaxis is for patients at **high risk of clinically important GI bleeding** — not every ventilated patient. Enteral nutrition is itself protective, and acid suppression carries real harms. Match therapy to risk, and stop it the moment risk resolves.

1 · WHO NEEDS PROPHYLAXIS — ASSESS DAILY

High risk — Any one

- Coagulopathy — `platelets < 50 000/mm³, INR > 1.5, or PTT > 2× control`
- Shock requiring **vasopressors**
- Chronic **liver disease**

Moderate risk — ≥ 2 factors

- Sepsis or acute kidney injury
- High-dose corticosteroids
- Burns > 35% TBSA
- Prolonged mechanical ventilation with EN

- Also warranted regardless of the above: **neurocritical care** and **post-cardiac-arrest** patients (higher hemorrhage risk).

3 · ONE AGENT · LOW DOSE

PPI — pantoprazole · omeprazole · esomeprazole

DOSE	ROUTE
≤ 40 mg once daily	IV / enteral

First-line. No advantage from higher doses.

H_2RA — famotidine · ranitidine

DOSE	ROUTE
famotidine ≤ 40 mg/day	IV / enteral

Equivalent first-line. Famotidine 20 mg q12h.

Sucralfate — when acid suppression is contraindicated

DOSE	ROUTE
1 g q6h (≤ 4 g/day)	enteral only

Alternative when infection risk is high.

- **Enteral route preferred** when the GI tract is functional; IV is equally acceptable.

FEED · MONITOR · STOP

EARLY ENTERAL NUTRITION

Start within 24–48 h if tolerated — EN maintains mucosal perfusion. In low-risk, fed patients, **SUP can be omitted**.

MONITOR FOR HARM

Watch for **pneumonia** and **C. difficile** — risk rises with prolonged acid suppression. Reassess the need every shift.

STOP WHEN RISK RESOLVES

Off vasopressors · coagulopathy corrected · extubated · tolerating full EN. **Discontinue before ICU transfer or discharge** unless a GI indication exists (GERD, recent ucler).

KEY REMINDERS

- **One agent only** — never combination therapy.
- **No benefit** from high-dose regimens.
- **Avoid** in low-risk, enterally fed patients — pneumonia RR ≈ 1.5.