

Help Your Team Not Stress Over Stress Ulcer Prophylaxis

You'll hear about **new recommendations for stress ulcer prophylaxis (SUP) in the ICU**...due to the first guideline update in 25 years.

Stress ulcer prophylaxis is used in some ICU patients to reduce the risk of stomach ulceration and bleeding caused by physical stress of illness. But many previous recommendations came from poorly designed studies.

Now updated guidelines from 3 large, well-designed trials are giving clearer insight into which ICU patients actually need SUP...helping to reduce unnecessary side effects, infection risk, etc.

Be aware of what's changed.

For example, we used to give SUP to almost all mechanically ventilated patients. But there's no conclusive evidence that mechanical ventilation alone is an indication to start prophylaxis.

Instead, new guidelines recommend reserving SUP for critically ill patients who have bleeding disorders, shock, or chronic liver disease. It should also be considered for neurocritical care patients with risks.

Still expect to see acid reducers, such as a PPI (pantoprazole, etc) or H2-blocker (famotidine, etc), given. Neither has a clear advantage...and short-term side effects (nausea, etc) are typically mild.

Watch for patients getting transitioned from IV to oral acid reducers...and remove unused IV bags from med rooms.

Help spot patients who don't need meds for SUP (patient improving, transferring out of ICU, etc).

If you process transfers from ICUs to floor beds, alert your pharmacist if patients are on an H2-blocker or PPI...in case these meds need to be discontinued.

On med histories, document acid reducer indications...to help clarify if patients need to continue these meds after discharge.

For example, an acid reducer may have been started appropriately in an ICU patient for SUP...but continued inappropriately during transitions of care, and even after discharge.

But patients with active GI problems...bleeding, excessive acid secretion, etc...should be on an acid reducer outpatient until symptoms resolve.

Key References:

-Society of Critical Care Medicine. SCCM and ASHP Guideline for the Prevention of Stress-Related Gastrointestinal Bleeding in Critically Ill Adults. July 15, 2024. <https://sccm.org/Clinical-Resources/Guidelines/Guidelines/SCCM-ASHP-Guideline-Prevention-of-UGIB#Recommendations> (Accessed October 21, 2024).

-Cook D, Deane A, Lauzier F, et al. Stress Ulcer Prophylaxis during Invasive Mechanical Ventilation. N Engl J Med. 2024 Jul 4;391(1):9-20.

-Huang HB, Jiang W, Wang CY, Qin HY, Du B. Stress ulcer prophylaxis in intensive care unit patients receiving enteral nutrition: a systematic review and meta-analysis. Crit Care. 2018 Jan 28;22(1):20.

Hospital Pharmacy Technician's Letter. December 2024, No. 401233

Cite this document as follows: Article, Help Your Team Not Stress Over Stress Ulcer Prophylaxis, Hospital Pharmacy Technician's Letter, December 2024

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2024 Therapeutic Research Center (TRC). TRC and Hospital Pharmacy Technician's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.