**UCSD MEDICAL CENTER**

**ADULT AND PEDIATRIC GUIDELINES FOR USE OF STRESS ULCER PROPHYLAXIS**

*Developed by the Stress Ulcer Prophylaxis Process Action Team*

Based on clinical studies, the indications for stress ulcer prophylaxis will be graded according to the following scale:

A. **Convincing evidence, indicated**
B. **Some evidence, probably indicated**
C. **No evidence, indication uncertain**
D. **Not recommended, not indicated**

The following criteria have an “A” rating:
1. ICU patients:
   - Intubated for respiratory failure
   - With coagulopathy
   - On corticosteroids
2. Surgical ICU patients with:
   - Single or multiple organ failure
   - Major infectious complications
   - Acute trauma spinal cord injury with neurologic deficit
   - Multiple trauma (ISS > 25)
3. Neonates NPO plus multiple doses of dexamethasone
4. Major burn injury >35% TBSA

The following criteria have a “B” rating:
1. ICU patients:
   - On anticoagulation
   - With multiple organ failure
   - With intracranial hypertension
2. Inpatients
   - With prolonged NPO status (> 5 days) with GI pathology or after major surgery
   - With acute renal failure
   - With hepatic failure
   - On anticoagulation with comorbid disease, age >60, history of UGIB, on NSAIDs
3. Liver transplant patients NPO on immunosuppression
4. Patients on any dosage of corticosteroids with predisposing conditions for PUD or on NSAIDs or on high doses of corticosteroids (>1 G prednisone)

The following criteria have a “C” rating:
1. Inpatients:
   - NPO
   - With coagulopathy (elevated PT/PTT)
   - On anticoagulation
2. Neonates NPO plus multiple organ failure, liver or renal failure or coagulopathy

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The following criteria have a “D” rating

1. These conditions are not independent indications for stress ulcer prophylaxis:
   - Advanced malignancy
   - Bacteremia without sepsis
   - Advanced age (>60)
   - Chronic NSAID usage
   - Total corticosteroids dosage (< 1 g prednisone)

Comments:
1. Judicious use of stress ulcer prophylaxis may be responsible for decreased incidence of stress ulceration; decreased adverse drug reaction, drug interactions, and unnecessary expense.
2. In most patients that meet criteria for stress ulcer prophylaxis, full oral or intra-gastric enteral nutrition serves as adequate protection. However, some patients remain at high risk for ulcer-related bleeding despite routine enteral feeding. These include, but are not limited to patients in category A 1-3. In these high risk patients, enteral feeding may not provide adequate prophylaxis and additional pharmacological agents are indicated.
3. Intra-gastric feeds with high residuals may indicate GI pathology, therefore, neither oral pharmacotherapy or enteral feeds should be considered adequate protection.
4. In a patient who tolerates liquids for greater than 24 hours, the intravenous medication may be switched to oral therapy.
5. There is no data supporting the use of concomitant sucralfate and an H2-antagonist.

Stress ulcer prophylaxis drugs of choice.
- Studies have shown equal prophylactic efficacy between H2-antagonists, antacids and sucralfate.
- There is also data available that intra-gastric feeds serve as adequate stress ulcer prophylaxis.

<table>
<thead>
<tr>
<th>AGENT</th>
<th>COST/DAY</th>
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<tbody>
<tr>
<td>Famotidine 20 mg ivp q 12h</td>
<td>$8.00</td>
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<tr>
<td>Famotidine 40 mg/day continuous infusion</td>
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<tr>
<td>Famotidine 20 mg po q 12h</td>
<td>$2.20</td>
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<tr>
<td>Sucralfate 1 g q6h</td>
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<tr>
<td>Nitroan at 80 ml/hr</td>
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