The Galway Clinic,

Doughiska,

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*Intensive Care Unit, Medical Guidline*

*02/04/13, Dr. Timothy Aebi*



Stress UlcerProphylaxis in the ICU

**Absolute indications:**

* **Coagulopathy**, defined as a platelet count <50‘000, an international normalized ratio (INR) >1.5, or a partial thromboplastin time (aPTT) >2 times the control value
* **Mechanical ventilation** for >48 hours
* **History of GI ulceration or bleeding** within the past year
* **Traumatic brain injury, traumatic spinal cord injury, or severe burn injury**
* **Two or more** of the following: - sepsis,

- an ICU stay >1 week

* + - 1. - occult GI bleeding for ≥6 days

- glucocorticoid therapy (more than 250 mg hydrocortisone or the equivalent)

**Relative indications:**

Among patients who are not considered high risk for gastro-intestinal bleeding, it is believed that stress ulcer prophylaxis should be administered on a case-by-case basis. Among the considerations are whether the patient is receiving enteral nutrition, how long the patient is expected to be without enteral nutrition, the severity of the patient’s illness, and the patient’s comorbidities.

- First choice are oral PPI (if possible per n/g tube), e.g. Omeprazole (Losec®) 20 or

40mg

- Intravenous H2 blockers are considered an equivalent alternative and are cheaper.

Don’t forget to discontinue drug if not required any more!