

Parent Policy: None	Title: WPP Surgery Antacid Therapy in ICU	Standard Operating Procedure
		Effective Date: 02/10/2021

Avoidance of Unnecessary Stress Ulcer Prophylaxis (ICU Protocol)

The below are criteria outline use of acid suppressive therapy (histamine-2 receptor antagonists, proton pump inhibitors) for ICU patients. Any patient that DOES NOT meet the following criteria does not need acid suppressive therapy per WakeMed protocol. Unnecessary use of acid suppressive therapy has been associated with an increased risk of pneumonia, *Clostridium difficile* infections, electrolyte imbalances, and decreased absorption of enteral medications.

Patients that do not meet the below criteria do not need to be on a histamine-2 receptor antagonist or a proton pump inhibitor:

1. Taking acid suppressive therapy at home with a documented history of GERD, GI bleed, or PUD within the past 6 months in PMH
2. Active dyspepsia/gastritis
3. History of Barrett's esophagus, Zollinger Ellison Syndrome, erosive esophagitis
4. Active or suspected GI bleed
5. Active or suspected Helicobacter pylori infection
6. Mechanical ventilation (can discontinue once patient is on trach collar)
7. Severe TBI with GCS <9 and on the ventilator
8. Spinal cord injury within the past 7 days (may not need if not requiring mechanical ventilation)
9. Burn injury involving > 35% BSA
10. Coagulopathy (PLT <50k, INR >1.5 or PTT >2x ULN NOT due to anticoagulation)
11. Any patient who meets TWO of the following criteria:
 - a. High dose steroids (>250 mg of hydrocortisone or equivalent per day - >60 mg oral prednisone per day, >10 mg of dexamethasone per day, >48 mg methylprednisolone per day)
 - b. On vasopressor therapy
 - c. Liver dysfunction, defined as total bilirubin >2 mg/dl
 - d. Renal dysfunction, defined as serum creatinine >2 mg/dl

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