

Online appendix: Stress Ulcer Prophylaxis Educational Intervention Pocket Card

Stress Ulcer Prophylaxis (SUP)

Indications for Use

ONE OR MORE OF THE FOLLOWING MAJOR RISK FACTORS

1. Respiratory failure requiring mechanical ventilation (likely for greater than 48 hours)
2. Coagulopathy defined as international normalized ratio (INR) >1.5, platelet count <50,000 or activated partial thromboplastin time (aPTT) >2 times control

TWO OR MORE OF THE FOLLOWING MINOR RISK FACTORS

1. History of gastrointestinal (GI) ulcer/bleeding within 1 year
2. Severe burn (>35% of body surface area)
3. Head or spinal cord injury
4. Acute organ dysfunction (including acute kidney injury)
5. Liver failure with associated coagulopathy
6. Hypoperfusion
7. Postoperative transplantation
8. Major surgery
9. Multiple trauma
10. **High daily dose** of corticosteroids greater than or equal to the following:
Dexamethasone 9 mg, hydrocortisone 250 mg, methylprednisolone 50 mg
Prednisone 62.5 mg, prednisolone 62.5 mg

SUP should be discontinued once the patient no longer meets the above qualifications

Choice of SUP Agent

1. Histamine₂ receptor antagonist (H₂RA) is the agent of choice unless the following exists:
 - a. GI ulcer/bleeding that is either recurrent or occurred within the last 8 weeks
 - b. Patient was on a proton pump inhibitor (PPI) for a valid indication as an outpatient
 - c. **Thrombocytopenia is NOT a valid reason** to discontinue an H₂RA in most patients
 - d. Documented allergy to an H₂RA
2. For patients in whom an H₂RA is not most appropriate, a PPI is the agent of choice unless:
 - a. Documented allergy to a PPI
 - b. Significant drug interaction with a PPI (speak with a pharmacist to clarify significance)
3. For patient in whom an H₂RA and a PPI are not appropriate, sucralfate is the preferred agent
 - a. Binds with other medications (e.g., warfarin, phenytoin, digoxin, quinolones, etc.)
 - i. Speak with a pharmacist to clarify potential interactions and avoidance of use
 - ii. Separate use by 1 hour before and 2 hours following interacting medication

SUP Agent Dosing Suggestions

1. PO route if taking other oral medications and tolerating at least a full liquid enteral diet
 - a. Famotidine 20 mg BID (daily if CrCl <50 mL/min)
 - b. Pantoprazole 40 mg daily
 - c. Sucralfate 1 g QID prior to meals (PO route only)

H₂RA vs. PPI

H₂RA were associated with a lower incidence of GI hemorrhage, pneumonia & *C. difficile* infection