Name of Policy: **Automatic Stress Ulcer Prophylaxis Discontinuation**

Policy Number: 3364-133-102

Department: Pharmacy

Senior Hospital Administrator **Approving Officer:**

Chair of Pharmacy & Therapeutics

Responsible Agent: Director of Pharmacy

University of Toledo Medical Center Scope:

New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy



(A) Policy Statement

It is the responsibility of the Licensed Pharmacist to review and evaluate the proper indication for all patients receiving PPI or H2RA therapy for stress ulcer prophylaxis (SUP). When proper indication for SUP cannot be established, it will become the Pharmacist's responsibility to discontinue SUP therapy to prevent any potential harm to the patient from unnecessary therapy.

(B) Purpose of Policy

PPI's and H2RA's are commonly used as stress ulcer prophylaxis, though these medications have common adverse effects and have a high rate of inappropriate continuation at discharge. PPI have been shown in clinical trials to have a higher number needed to treat to prevent the occurrence of one case of stress ulcer than the number needed to harm and cause a case of Clostridium difficle diarrhea. To ensure proper utilization of PPI and H2RA medications for the indication of stress ulcer prophylaxis, the following stepwise guideline may be followed to insure proper communication with the physician, nursing staff, and the pharmacy staff.

(C) Procedure

- 1. When entering orders for PPI/H2RA/sucralfate therapy, an ordering physician must select an HEO indication for use from a given list of indications.
- 2. A pharmacist will evaluate patient profiles for automatic discontinuation of proton pump inhibitors, H2 blockers, or sucralfate with an indication of stress ulcer prophylaxis in patients who do not meet the following criteria for prophylaxis.

CRITERIA FOR USE

Any one of the following indications:

- Coagulopathy (plt <50, INR >1.5)
- Intubation >48h
- Head Injury (GCS <10)
- Burns > 35%
- Major Trauma (ISS>16)
- Spinal Cord Injury
- Perioperative hepatic or renal transplant in ICU
- Partial Hepatectomy / Hepatic Failure

Or any 2 of the following indications:

- ICU stay >7 days
- Sepsis



Effective Date: 4/25/2022

Initial Effective Date: 7/2014

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- Steroid use (>250 mg hydrocortisone, >50 mg methylprednisolone, >60 mg prednisone, >10 mg dexamethasone)
- Occult blood lasting more than 6 days

Exclusions for automatic discontinuation of treatment with PPI/H2RA/sucralfate:

- Use of a PPI/H2RA/sucralfate prior to admission
- Patient with ICU status
- Acute upper GI bleed
- Erosive esophagitis
- H. pylori treatment
- Gastric or duodenal ulcer
- GERD
- Zollinger-Ellison Syndrome
- Orders for Continuous Infusions of PPI's or H2RA's
- Anemia / Positive stool blood occult
- The comment 'do not auto discontinue' in the original order
- 3. If patient meets criteria for automatic discontinuation of stress ulcer prophylaxis therapy, the evaluating pharmacist will discontinue therapy in HEO and document in the electronic medical record.
- Any questionable PPI/H2RA/sucralfate use will need to be discussed with the primary team before automatic discontinuation by a pharmacist
- By writing "do not auto discontinue" in the HEO comments, physicians can prevent automatic discontinuation of therapy

References:

1. ASHP Therapeutic Guidelines on Stress Ulcer Prophylaxis. ASHP Commission on Therapeutics and approved by the ASHP Board of Directors on November 14, 1998. Am J Health Syst Pharm. 1999;56(4):347-379.

Approved by:		Review/Revision Date: 5/16 5/19
/s/ Lindsey Eitniear, PharmD, BCPS, AAHIVP Director of Pharmacy	04/25/2022 Date	4/22
Russell Smith, PharmD, MBA, BCPS Senior Hospital Administrator	04/25/2022 Date	
Zohaib Ahmed, MD Chair of Pharmacy & Therapeutics Committee	04/25/2022 Date	
Review/Revision Completed By: Pharmacy		Next Review Date: 4/1/2025

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Policies Superseded by This Policy:

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.