

STRESS-RELATED G.I. BLEEDING PROPHYLAXIS



Two independent **risk factors** are associated with the development of stress-related bleeding in critically ill patients. National guidelines recommend stress ulcer prophylaxis for patients with *any one or more* of these risk factors:

- **Respiratory failure (any etiology) requiring mechanical ventilation**
- **Coagulopathy***

***Intentional or planned coagulopathy (i.e., pharmacologic anticoagulation) by itself is not a risk factor for stress-related GI bleeding.**

NOTE:

1. Patients that do not have any of the above risk factors should not be prescribed gastric acid suppressants *unless they were already taking them prior to admission*.
2. Patients who are tolerating *goal-rate enteral nutrition* do not require acid reduction pharmacotherapy even if they have a risk factor.
3. Neutralizing the gastric pH increases the risk for nosocomial pneumonia, so *acid suppression drugs should be stopped once a patient no longer has any risk factors*.

References

1. Cook DJ, Fuller HD, Guyatt GH, et al. [Risk factors for gastrointestinal bleeding in critically ill patients. Canadian Critical Care Trials Group. N Engl J Med. 1994;330\(6\):377–381.](#)
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3. Rhodes A, Evans LE, Alhazzani W, et al. [Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. Crit Care Med. 2017;45\(3\):486–552.](#)
4. Ye Z, Reintam Blaser A, Lytvyn L, et al. [Gastrointestinal bleeding prophylaxis for critically ill patients: a clinical practice guideline. BMJ. 2020 Jan 6;368:l6722. doi: 10.1136/bmj.l6722.PMID: 31907223](#)