Stress Related Mucosal Damage (SRMD) Prevention Guideline

This guideline is NOT for patients with an active gastrointestinal bleed. Patients with a non-variceal upper gastrointestinal bleed should receive intravenous esomeprazole at 80 mg bolus followed by 8 mg/hour for 72 hours. Patients with a variceal bleed should receive octreotide 50 microgram bolus followed by 25 – 50 microgram/hour for 48 – 120 hours.

Are any of the following risk factors present?
1. Hypotension
   a. MAP ≤ 70 mmHg, or ≥ 40 mmHg reduction in SBP, or receiving vasopressors.
2. Mechanical ventilation.
3. Coagulopathy
   a. Platelet count ≤ 30,000/microL, or INR ≥ 1.5, or aPTT ≥ twice the upper limit of normal.
   b. Hepatic cirrhosis.
   c. Any anticoagulant medication.
4. Renal failure with BUN ≥ twice the upper limit of normal.
5. Head injury or intracranial hemorrhage with GCS ≤ 10.
7. Burns ≥ 20% total body surface area.
8. Non-variceal upper gastrointestinal bleed within previous 3 months.
9. Recent solid organ transplant.
10. Receiving ≥ 250 mg/day of hydrocortisone (or equivalent) or chronic NSAID/ASA use.

Yes

Contraindications to H$_2$RA
1. Infusion related bradycardia not resolving with rate decrease.
2. Platelet count ≤ 100,000/microL or a decrease of 50% from baseline while receiving ≥ 4 days of H$_2$RA therapy.
3. Confusion.
4. Documented allergy.

SRMD prevention NOT required.

No

Enteral administration possible:
Ranitidine 150 mg every 12 hours.
For CrCl < 50 mL/min and NOT RRT, reduce dose to 150 mg daily.
Enteral NOT possible:
Famotidine 20 mg iv every 12 hours.
For CrCl < 50 mL/min and NOT RRT, reduce dose to 20 mg iv daily.

Discontinue SRMD prevention when either 1) all risk factors resolved or 2) GASTRIC enteral nutrition at half goal feeding rate for patients with only ONE risk factor (for patients with ≥ 2 indications, continue prophylaxis despite gastric enteral nutrition).

Yes

Enteral administration possible:
Esomeprazole 80 mg daily or 40 mg every 12 hours.

Enteral NOT possible:
Esomeprazole 80 mg iv daily or 40 mg iv every 12 hours.