Restraint Before Prescribing Acid-Suppressive Therapy

According to an article published in Critical Care Nurse, the routine use of acid-suppressive therapy for all hospitalised patients including all critically ill patients, is inappropriate and should only be limited to patients who actually need them and meet specific criteria.

Due to the fact that critically ill patients are at an increased risk of gastrointestinal ulceration and bleeding, it has become a standing practice to give them stress ulcer prophylaxis (SUP). Not only is this very common for all ICU patients but has now migrated to noncritically ill patients as well.

However, in this new review, the authors suggest that giving acid-suppressive therapy to all hospitalised patients may put them at a higher risk of pneumonia, Clostridium difficile infection and other infections.

Co-author Andrew Faust, a critical care clinical pharmacist at Texas Health Presbyterian Hospital Dallas explains that suppressing gastric acid may be necessary in some critically ill patients but doing so affects its effectiveness as an antiseptic barrier. Using such therapy, especially through proton pump inhibitors could increase the risk of serious and life-threatening infectious complications.

Based on a thorough review, the authors conclude that the benefit of acid-suppressive therapy in critically ill patients as well as other patients who are a low risk of GI bleeding is outweighed by the risk of infection associated with this therapy.

The most common indications for SUP include mechanical ventilation for longer than 48 hours, traumatic brain injury, spinal cord injury and respiratory failure. Minor risk factors such as sepsis syndrome, history of alcohol abuse, long surgery over four hours, renal failures and other conditions are not associated with GI bleeding. The authors propose that when risk factors are no longer present or when patients are transferred out of the ICU, SUP should be reevaluated and discontinued.

Source: American Association of Critical-Care Nurses (AACN)
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