Intravenous Proton Pump Inhibitors

1. Objective

To ensure the rational use of intravenous proton pump inhibitors (PPIs) within Gloucestershire Hospitals NHS Foundation Trust.

2. Situations where intravenous PPIs may be used:

   a) Patients who, at endoscopy, are found to have a peptic ulcer deemed to be at high risk of re-bleeding; these are actively bleeding ulcers or non-bleeding ulcers with a visible vessel. These patients should be given intravenous omeprazole 40mg BD for 72 hours, of which the first dose should be prescribed stat. This should be given as a short infusion in 100ml 0.9% sodium chloride or 5% glucose over 20-30 minutes. After 72 hours of IV treatment patients should be converted to 20mg PO omeprazole BD.

   b) Patients for whom lansoprazole orodispersible tablets are not deemed appropriate. Examples of such situations include patients:
      - who are vomiting
      - having NG aspiration
      - with oesophageal perforation
      - having naso-jejunal feeding
      - with gastric outlet obstruction

   In these cases, Hospital Consultants may advise stat doses of IV PPI. The PPI of choice in these situations is omeprazole 40mg.

3. Situations where intravenous PPIs should not be used:

   a) Patients who can eat and drink or take other oral medications.

   b) Patients who are nil by mouth (NBM). If these patients are deemed to require a PPI they should be prescribed lansoprazole orodispersible tablets 15mg or 30mg daily. These tablets dissolve on the tongue and are swallowed with the patient’s own saliva.

   c) Patients with NG or PEG tubes. Lansoprazole orodispersible tablets may be dispersed in water and given via these routes.

   d) It is not appropriate to start patients on an intravenous PPI prior to endoscopy. (Lansoprazole orodispersible tablets could be prescribed).

   e) Patients who are not deemed suitable for endoscopy should not receive an intravenous PPI (unless on the advice of a Hospital Consultant).