

# 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 output 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).