



HELP US IMPROVE PPI (Proton Pump Inhibitor) MANAGEMENT AT SIVUH

List 1.

Do you know when a long-term regular PPI is appropriate?

- Peptic Ulcer disease
- Zollinger-Ellison Syndrome
- Prevention of confirmed relapse of duodenal ulcers
- Barrett's Oesophagus
- History of bleeding gastro-intestinal ulcer
- Ongoing uncontrolled endoscopically confirmed gastro-oesophageal reflux disease
- History of GI bleed
- Symptomatic GORD where symptom control unsatisfactory using an on-demand regimen
- Prophylaxis of reflux oesophagitis
- Chronic high-risk NSAID use
- Patient on 2 of the following PO medication long-term: anti-platelets, NSAID, SSRI, steroids

Do you know when a short-term regular PPI is appropriate?

Always ensure 'STOP' date/ 'Switch to PRN' date in place

List 2.

- Patient on 2 of the following medication short term: Anti-platelets, NSAID, SSRI, steroids
- Symptomatic GORD (4-8 weeks)
- H.Pylori as per regime
- Short-term treatment of benign gastric/duodenal ulcers
- Treatment of mild or severe dyspepsia and GORD
- Prevention of gastrointestinal adverse effects associated with non-steroidal anti-inflammatory drug (NSAID) or antiplatelet use where patients are considered high-risk
- Intravenous use for stress ulcer prophylaxis in intensive care is also recommended but only for a defined period
- Confirmed diagnosis of severe oesophagitis
- Tapering dose if history of rebound acid hypersecretion after initial cessation (2-4 weeks)

Do you know when a PPI is **NOT** appropriate?

- Alongside DOAC only
- Alongside LMWH only
- Alongside short term NSAID only
- No diagnosis on list 1
- No recent diagnosis on list 2 (condition dependant ~ 4-8 weeks)
- Unknown/ Unclear indication

Do you know when a PPI is appropriate to prescribe on discharge?

- Patient has appropriate long term indication according to list 1
- Recent indication according to list 2. Ensure stop/review date in place on prescription and discharge letter to GP

SIVUH PPI Quality Initiative Project 2024

1. All PPIs to have an indication noted on admission paperwork and/or Kardex
2. Review all regularly prescribed PPI to PRN unless on list 1 or recently started PPI and on list 2
3. Plan to discontinue if not required PRN for ~1 week