Pantoprazole continuous infusion versus intermittent bolus for gastrointestinal bleed prior to esophagogastroduodenoscopy (EGD)

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Pantoprazole continuous infusion versus intermittent bolus for gastrointestinal bleed prior to esophagastroduodenoscopy (EGD)

Vy Dang, PharmD; Mickayla Clark, PharmD, BCPS; Pinak Ashokkumar Shah, MD; Kartika Shetty, MD; Birjees Ahmed, MD; James Wang, MD; Scott Anderson, MD

Introduction

➢ Upper gastrointestinal (GI) bleeding is a complication of peptic ulcer disease (PUD) and is associated with morbidity and mortality

➢ Practice guidelines recommend the use of a continuous infusion PPI to prevent rebleeding in patients with non-variceal upper GI bleeds with
  • Active bleeding
  • Nonbleeding visible vessels
  • Adherent clots

➢ PPIs elevate gastric pH levels and aid in stabilization of blood clots

➢ Studies examining continuous infusion versus intermittent bolus PPI post EGD have demonstrated that intermittent bolus administration is comparable to continuous infusion

➢ To our knowledge no studies have been performed to evaluate the outcomes of continuous infusion versus intermittent bolus PPI prior to EGD

Purpose

➢ The objective of this study is to evaluate the clinical outcomes of continuous infusion PPI versus intermittent bolus PPI prior to EGD

Study Design

➢ Retrospective chart review of patients with non-variceal upper GI bleeds admitted to a community teaching hospital between January 2013 to July 2019

Study Population

➢ Patients diagnosed with a non-variceal upper GI bleed who underwent EGD during the same admission and received IV pantoprazole as either intermittent bolus or continuous infusion during their course of hospitalization will be identified

➢ Patients with colonic bleed, lower GI bleed, and who have esophageal or gastric varices on upper endoscopy will be excluded

Study Groups

1. Intermittent bolus
   • Pantoprazole 40mg IV twice daily

2. Continuous infusion
   • Pantoprazole 80 mg IV loading dose followed by 8 mg/hr IV continuous infusion

Methods

Purpose

➢ Primary outcome of this study is the rate of re-bleeding

➢ Secondary outcomes will include
  • Findings and intervention during EGD
  • Need for blood transfusion
  • In-hospital mortality
  • Readmission within 30 days with a principle diagnosis of upper GI bleed

Results

➢ No results available at this time, as data collection is in progress. Planned completion in Spring of 2020.

Conclusion

➢ No conclusion available at this time, as data collection is in progress. Planned completion in Spring of 2020.

References


Disclosure Statement: Authors have nothing to disclose