

**Category:** Resident Posters

## 10-272 - Pantoprazole continuous infusion versus intermittent intravenous (IV) bolus in non-variceal upper gastrointestinal (GI) bleed prior to esophagogastroduodenoscopy (EGD)

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### **Purpose:**

Practice guidelines recommend patients with non-variceal upper gastrointestinal (GI) bleeds who have a high risk of active bleeding, nonbleeding visible vessels, and adherent clots should be given proton pump inhibitors (PPIs) intravenous (IV) bolus followed by continuous infusion after esophagogastroduodenoscopy (EGD). The use of PPIs before EGD has shown to reduce the requirement for EGD, however, there are no studies evaluating the difference in outcomes of continuous infusion PPI versus intermittent IV bolus PPI prior to EGD. The objective of this study is to evaluate clinical outcomes of continuous infusion PPI versus intermittent IV bolus PPI prior to EGD.

### **Methods:**

This is a retrospective chart review of patients with non-variceal upper GI bleeds admitted to a community teaching hospital between January 2013 to July 2019. Patients diagnosed with a non-variceal upper GI bleed who underwent EGD during the same admission and received IV pantoprazole as either IV intermittent bolus or continuous infusion during their course of hospitalization will be identified. The following data will be collected and analyzed: level of care on admission, vital signs, PPI dose, route and frequency, date and time of PPI administration, EGD and colonoscopy findings, blood transfusion requirements, complete blood count (CBC), international normalized ratio (INR), blood urea nitrogen (BUN), principal discharge diagnosis, time and date of discharge, in-hospital mortality, and readmission within thirty days with a primary diagnosis of upper GI bleed. The primary endpoint of this study is the rate of re-bleeding. Secondary outcomes will include findings and intervention during EGD, need for blood transfusion, length of stay, in-hospital mortality, and readmission within thirty days with a principle diagnosis of upper GI bleed.