

EVALUATION OF A PHARMACIST-DRIVEN STRESS ULCER PROPHYLAXIS PROTOCOL IN A COMMUNITY

HOSPITAL SETTING. Kyle Stupca, Arlyn Brown. Mercy Hospital Springfield, 1235 East Cherokee Street, Springfield, MO 65804. Kyle.Stupca@mercy.net

Mucosal injury in patients admitted to an intensive care unit ranges from 75% to 100% with occult bleeding occurring in roughly 5% to 25% of cases. Although proton pump inhibitors and histamine-2 receptor antagonists are important agents for the prevention of stress related mucosal disease, studies have shown high rates of unnecessary use and failure to administer these agents according to published guidelines. The implementation of a pharmacist-managed stress ulcer prophylaxis program has been associated with a decrease in inappropriate acid suppressive therapy.

The purpose of this study is to evaluate the effect of a pharmacist-driven stress ulcer prophylaxis discontinuation protocol on the amount of inappropriate acid suppressive therapy prescribed in the ICU and general medical unit. A secondary purpose is to assess the effect of the protocol on the continuation of acid suppressive therapy upon transfer from the intensive care unit and upon discharge from the hospital.

These objectives will be assessed through a retrospective chart review of patients receiving acid suppressive therapy before and after the implementation of the protocol. Descriptive statistics will be calculated, and a chi-square analysis will be conducted to compare groups. Cost data will be reported in dollars.

The results of this study will be used to evaluate the impact of pharmacist-driven protocols on best practice prescribing habits in a community hospital.

Learning Objective:

- Recognize the impact of a pharmacist-driven stress ulcer prophylaxis discontinuation protocol on the best practice prescribing habits of acid suppressive therapy for stress ulcer prophylaxis in a community hospital setting.