The 3Ts Formulary
GUIDELINES ON THE USE OF INTRAVENOUS PROTON PUMP INHIBITORS (PPIs)

**IV Omeprazole may ONLY be used for the following:**

- Patients who are haemodynamically unstable with major haematemesis and/or brisk melena awaiting urgent endoscopy.

- Patients, who at endoscopy, are found to have a peptic ulcer deemed to be at high risk of rebleeding and have had endoscopic therapy. These are actively bleeding ulcers or non-bleeding ulcers with a visible vessel.

**Dose:**

*Initially 80mg IV; given as 40mg omeprazole in 100ml sodium chloride 0.9% infused over 20 – 30 minutes, then repeat.*

*Followed by IV continuous infusion of 8mg/hr for 72 hours.\(^1\) Given as 40mg omeprazole in 100ml sodium chloride 0.9% or 5% dextrose; infuse at 20ml (8mg) per hour over 5 hours for a total of 72 hours. (A total of 15 infusion bags will need to be prepared - only prepare each bag immediately before use as there is no stability data beyond 5 hours.)

As half-life is increased in patients with impaired hepatic function, the dose requires adjustment.

**IV PPIs SHOULD NOT be used for:**

- Patients who can eat or drink or take other oral medications

- Patients who are nil by mouth/awaiting surgery
  
  Prescribe Ranitidine 50mg tds IV or if these patients are deemed to require a PPI they should be prescribed Lansoprazole FasTab 30mg daily. These tablets can be dissolved on the tongue and are swallowed with the patient’s own saliva.

- Patients with NG or PEG tubes
  
  Lansoprazole FasTabs (may be dispersed in water) or Ranitidine Liquid may be given via these routes. Dose should be according to indication.

References:


Produced by the 3Ts Formulary Working Group  May 2005
Reviewed: August 2009
Review Date: August 2011