

# Continuation of acid suppression therapy on intensive care discharge: a clinical audit

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## Aims

It is standard practice in intensive care to commence patients at risk of stress-related mucosal disease (SRMD) on acid suppression therapy (AST).<sup>1</sup> The aim of this audit was to determine the proportion of patients inappropriately continued on AST at the point of critical care discharge, and to develop a robust intervention to prevent this.

## Methods

### Audit cycle one

Data were collected from all patients discharged from St George's Hospital general intensive care unit (GICU) over a 14-day period who received AST during their ICU admission. Indications for continuation of AST were taken from local and national guidelines.<sup>2,3</sup>

Of 44 discharged patients, 32% (14 patients) were continued on AST inappropriately. Of these, 12 patients no longer had a valid indication for AST and two were on the wrong AST.

### Intervention

- 1 An oral presentation to the GICU MDT of audit findings and local and national guidelines regarding indications for AST.
- 2 Addition of a prompt to the GICU discharge summary to encourage review of AST at the point of discharge to the ward.

## Results

### Audit cycle two

Data were collected, as above, 1 month following the intervention. Of 27 discharged patients, 15% (three patients) were inappropriately discharged on AST without a valid indication.

## Conclusions

This audit identified an important area for improvement in GICU patient care. AST is known to increase risk of nosocomial

infection, rebound acid secretion, drug side effects and unnecessary costs.<sup>4</sup> The audit intervention led to a notable improvement, and hence reduction in the attributed risks. Ongoing education of staff is recommended to establish long-term change. ■

## Conflict of interest statement

No conflicting interests declared.

## References

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- 2 St George's GICU. An introduction to the general intensive care unit (CHAOS) handbook. Feb 2016: p54.
- 3 NICE. Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. NICE guidelines CG184. September 2014. [www.nice.org.uk/Guidance/CG184](http://www.nice.org.uk/Guidance/CG184)
- 4 Howell MD, Novack V, Grgurich P *et al*. Iatrogenic gastric acid suppression and the risk of nosocomial *Clostridium difficile* infection. *Arch Intern Med* 2010;170:784–90.

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