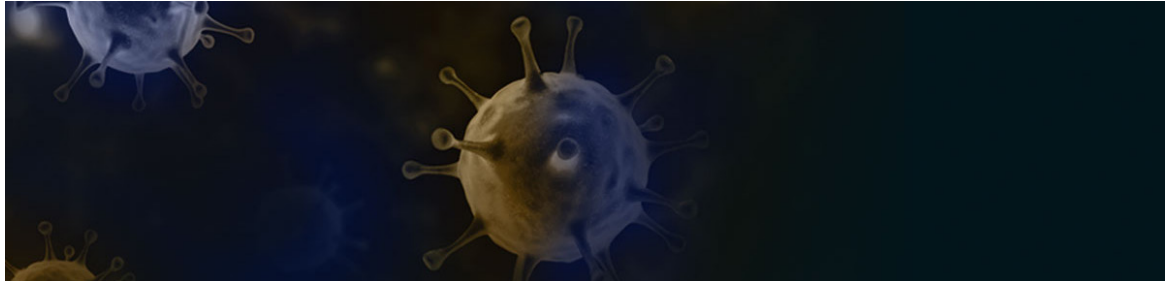


# Guideline for Gastrointestinal (GI) protection in patients with COVID-19



## Background

In June 2020, investigators on the Covid-19 RECOVERY trial reported significantly lower mortality in patients with an oxygen requirement given dexamethasone 6mg once daily. Consequently, clinical practice guidelines were updated to recommend as standard care dexamethasone use in patients with severe COVID-19 requiring ventilatory support.

Subsequently, and early on in our second wave of admissions an increase in gastrointestinal (GI) bleeds in this patient group was observed. It is believed that GI irritation, erosion and ulceration, recognised side-effects of dexamethasone, alongside enhanced dose venous thromboembolism (VTE) prophylaxis, contributed to this increased risk.

It was agreed that we should prescribe additional GI prophylaxis with a proton pump inhibitor (PPI) to reduce the risk of GI bleeds and to protect the stomach from injury for the duration of steroid treatment (up to 10 days) and whilst the the risk of a bleed remains. This would also apply to patients taking direct oral anticoagulants (DOACs) or warfarin who are prescribed dexamethasone for treatment of Covid-19 infection.

PPI prophylaxis is also recommended for patients in this group who are taking additional medications such as aspirin or clopidogrel that may also increase the risk of GI bleeding.

## Recommendations

1. Patients commenced on dexamethasone 6mg daily with concomitant prophylactic or therapeutic doses of anticoagulant should also be prescribed PPI cover with either omeprazole po 40mg daily or Lansoprazole 30mg daily. For patients with swallowing difficulties prescribe omeprazole iv 40mg daily.
2. PPI cover should continue for the duration of steroid treatment (up to 10 days) and whilst the risk of a bleed remains, and can then be stopped.
3. Patients admitted already on PPI therapy should have their dose increased in line with above dose recommendations. then reduced back to pre-admission dose on discharge.
4. Patients with NG tubes who may have issues with gastric stasis (such as critical care patients) should be prescribed intravenous omeprazole 40mg daily initially until gastric absorption recovers. Once steroids are weaned/stopped usual critical care guidelines for those on mechanical ventilation would be followed.

## References

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