Podcast Questions – SRMD

Pre-podcast questions

1. Which of the following is an indication for stress-related mucosal disease prophylaxis in the ICU?
A. Mechanical ventilation for 12 hours
B. INR of 2.0
C. History of GERD
D. All of the above

Answer: B
Rationale: An INR >1.5 is a sign of a coagulopathy, which is an absolute indication for SRMD prophylaxis. Mechanical ventilation would also be an indication, but only if ventilated >48 hours. A history of GERD does not qualify a patient for SRMD prophylaxis.
Learning Objective: Identify the indications for SRMD prophylaxis

2. Which class of medications needs to be dose-reduced in patients with renal failure?
A. Calcium antacids
B. Histamine-2 Receptor Antagonists
C. Proton pump inhibitors

Answer: B
Rationale: H2RAs will need to be dose-reduced in patients with renal impairment. Typically, the dose will need to be reduced when the patient's creatinine clearance drops below 50 mL/min.
Learning Objective: Compare and contrast prophylactic treatment options for SRMD

3. A patient on your service was admitted to the ICU for DKA 3 days ago and was intubated on admission due to respiratory failure. The patient was started on IV pantoprazole for SRMD prophylaxis. When can this medication be discontinued?
A. Today – the patient has no indication for SRMD prophylaxis
B. When the patient is extubated
C. When the patient is discharged from the hospital
D. 30 days after discharge

Answer: B
Rationale: SRMD prophylaxis is indicated in this patient, as they have been mechanically ventilated for 3 days. This risk factor is removed when the patient is extubated, and the prophylaxis can be stopped at this time. There is no evidence to support continuing the patient on prophylaxis throughout the entire hospital stay or after discharge.
Learning Objective: Apply the principles of SRMD prophylaxis to patient cases

Post-podcast questions

1. Which of the following is NOT considered to be a risk factor for SRMD?

A. Severe burns
B. Spinal cord injury
C. A recent history of DVT
D. Renal Failure

Answer: C

Rationale: Severe burns, spinal cord injuries, and renal failure are all risk factors for SRMD, and therefore relative indications for prophylaxis. A recent history of a GI bleed or ulcer would be a risk factor, but not a recent DVT.

Learning Objective: Identify the indications for SRMD prophylaxis

2. Which of the following is an adverse effect associated with both H2RAs and PPIs?

A. Pneumonia
B. Hypomagnesemia
C. Hallucinations

Answer: A

Rationale: Both H2RAs and PPIs have been associated with an increased risk for developing pneumonia. PPIs are associated with hypomagnesemia, but H2RAs are not. H2RAs are associated with CNS toxicities, including hallucinations, but this is not seen with PPIs.

Learning Objective: Compare and contrast prophylactic treatment options for SRMD

3. A patient on your service in the ICU is coagulopathic and you would like to initiate SRMD prophylaxis. The patient has acute kidney injury with a serum creatinine of 2.0 and a creatinine clearance of approximately 45 ml/min. The patient is also being treated for clostridium difficile infection with vancomycin. Which is the most appropriate medication for SRMD prophylaxis?

A. Famotidine 10mg IV twice daily
B. Sucralfate 1g by NG tube every 6 hours
C. Esomeprazole 20mg IV once daily
D. Calcium carbonate antacid PRN

Answer: A

Rationale: Sucralfate and calcium antacids have been found to be less effective than PPIs and H2RAs for SRMD prophylaxis and are not recommended. The patient has c diff, which proton pump inhibitors like esomeprazole can contribute to. Famotidine is the best option in this patient. Though the patient has decreased renal function, the dose has been reduced appropriately.

Learning Objective: Apply the principles of SRMD prophylaxis to patient cases