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Clinical practice guideline on gastrointestinal bleeding prophylaxis for critically ill patients: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

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Conflicts of interest:

No Clinical Practice Committee member had direct conflicts of interest. MHM was a co-author of the systematic review forming the basis for the guideline, and he was the principal investigator of the SUP-ICU trial,⁷ one of the trials included in the review.² No other authors had indirect conflicts of interests.

Abstract

The Scandinavian Society of Anaesthesiology and Intensive Care Medicine Clinical practice Committee endorses the *BMJ Rapid Recommendation Gastrointestinal bleeding prophylaxis for critically ill patients—a clinical practice guideline*. The guideline serves as a useful decision aid for clinicians caring for critically ill patients, and can be used together with clinical experience to decide whether a specific critically ill patient may benefit from gastrointestinal bleeding prophylaxis.

Background

Gastrointestinal bleeding prophylaxis is commonly used as part of the management of critically ill patients, in particularly those admitted to intensive care units.¹ However, there are limited guidelines available, some of which target only specific subgroups of patients, and in existing guidelines individual risk factors have not been considered. Recently, an updated systematic review and metaanalysis on gastrointestinal bleeding prophylaxis in critically ill patients was published.² This review formed the basis for a clinical practice guideline on gastrointestinal bleeding prophylaxis for critically ill patients.³

Methods

It was decided by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) Clinical practice committee (CPC) to assess the *BMJ Rapid Recommendation: Gastrointestinal bleeding prophylaxis for critically ill patients: a clinical practice guideline* ³ for possible endorsement. The Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool ⁴ was used. Details on the endorsement process are available elsewhere.⁵

Results

Quality appraisal (AGREE II)

All six SSAI CPC members completed the appraisal. The individual domain totals were: Scope and Purpose 90%; Stakeholder Involvement 89%; Rigour of Development 85%; Clarity of Presentation 91%; Applicability 62%; Editorial Independence 97%; Overall Assessment 78%.

The breakdown of the individual appraisers (de-identified) is available in the Supporting information.

Discussion

Agreement between the SSAI CPC appraisers was high and the overall assessment of the guideline was good. However, there were some concerns about how the guideline should be used bedside, as it may be somewhat difficult to decide whether the risk of gastrointestinal bleeding is low, moderate or high based on the presence of one or more risk factors. Also, the available evidence does not uniformly rule out clinically important harm from acid suppressants.⁶

Nevertheless, the clinical practice guideline serves as a useful decision aid for clinicians caring for critically ill patients and can be used together with clinical experience to decide whether a specific critically ill patient may benefit from gastrointestinal bleeding prophylaxis.

Conclusion

The SSAI CPC endorses the *BMJ Rapid Recommendation - Gastrointestinal bleeding prophylaxis for critically ill patients: a clinical practice guideline*.

Supporting information

Additional supporting information can be found online in the Supporting Information section at the end of the main manuscript.

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