



Options for consideration for INPATIENT GERD management/aspiration prophylaxis with resources/tools

<ul style="list-style-type: none"> Deprescribe or discontinue +/- incorporation of non-pharmacologic strategies below 									
<ul style="list-style-type: none"> Suggest non-pharmacological strategies Information on non-pharmacologic approaches: About Kids Health : Gastroesophageal Reflux HealthLink BC: Gastroesophageal Reflux Disease During Pregnancy 									
<ul style="list-style-type: none"> Suggest alternative pharmacological options on IWK Formulary (below) 									
<p>Antacids/Foaming Barriers</p> <ul style="list-style-type: none"> Calcium carbonate chewable tablets (TUMS) <ul style="list-style-type: none"> “Regular Strength” (200 mg elemental Ca²⁺) “Ultra Strength” (400 mg elemental Ca²⁺) Aluminum/Magnesium Hydroxide Oral Suspension (Almagel) Sodium Alginate/ Aluminum Hydroxide (Gaviscon) 	<ul style="list-style-type: none"> TUMS likely only a viable option for older children who can chew In pregnant patients: <ul style="list-style-type: none"> TUMS (max 3.2 grams per day or 16 regular strength TUMS tablets) Antacids containing Mg²⁺, Ca²⁺, and Al²⁺ or alginic acid are safe and effective Avoid antacids containing sodium bicarbonate because they may cause metabolic alkalosis and fluid overload in mother and fetus. 								
<p>Alternative H₂ Blockers</p> <p>Famotidine</p> <ul style="list-style-type: none"> oral 20 mg strength (non-prescription) injectable 10 mg/mL IWK compounded suspension 8 mg/mL <p>Famotidine is associated with QT interval prolongation, caution with other drugs or conditions associated with QT interval prolongation.</p> <p>NO OTHER H₂ BLOCKERS are available on IWK formulary (e.g. cimetidine) There is no longer an injectable form of ranitidine.</p>	<table border="1"> <thead> <tr> <th>Ranitidine</th> <th>Famotidine</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">150 mg PO ranitidine is equivalent to 20 mg PO famotidine</td> </tr> <tr> <td> <p><u>Pediatrics</u> <i>GERD</i> 2.5-5 mg/kg/dose PO BID Max: 150 mg/dose <u>OR</u> 1.7-3.3 mg/kg/dose PO TID Max: 100 mg/dose</p> </td> <td> <p><u>Pediatrics</u> <i>GERD</i> 0.5- 1 mg/kg/dose PO once to twice daily Max: 40 mg/24h See Drug Dosing Guidelines IV famotidine Neonatal Peds</p> </td> </tr> <tr> <td> <p><u>Pregnant patients</u> <i>GERD</i> 300 mg/24h divided PO once to twice daily <i>C-section (aspiration prophylaxis*)</i> 150 mg PO night before and 2 hours before surgery</p> </td> <td> <p><u>Pregnant patients</u> <i>GERD</i> 10 to 20 mg PO twice daily IV: 20 mg IV q12h <i>C-section (aspiration prophylaxis*)</i> PO: 20 mg PO night before and 2 hours before surgery IV: 20 mg as a single dose ~40 to 60 minutes prior to induction of anesthesia</p> </td> </tr> </tbody> </table>	Ranitidine	Famotidine	150 mg PO ranitidine is equivalent to 20 mg PO famotidine		<p><u>Pediatrics</u> <i>GERD</i> 2.5-5 mg/kg/dose PO BID Max: 150 mg/dose <u>OR</u> 1.7-3.3 mg/kg/dose PO TID Max: 100 mg/dose</p>	<p><u>Pediatrics</u> <i>GERD</i> 0.5- 1 mg/kg/dose PO once to twice daily Max: 40 mg/24h See Drug Dosing Guidelines IV famotidine Neonatal Peds</p>	<p><u>Pregnant patients</u> <i>GERD</i> 300 mg/24h divided PO once to twice daily <i>C-section (aspiration prophylaxis*)</i> 150 mg PO night before and 2 hours before surgery</p>	<p><u>Pregnant patients</u> <i>GERD</i> 10 to 20 mg PO twice daily IV: 20 mg IV q12h <i>C-section (aspiration prophylaxis*)</i> PO: 20 mg PO night before and 2 hours before surgery IV: 20 mg as a single dose ~40 to 60 minutes prior to induction of anesthesia</p>
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<p>Proton Pump Inhibitors</p> <p>Lansoprazole (Oral) Pantoprazole (IV)</p>	<p><u>Neonates/Pediatrics</u> Lansoprazole: See Drug Dosing Guidelines Neonatal Peds Pantoprazole IV: Neonatal Peds <u>Pregnant patients</u> Lansoprazole at usual adult dosing</p>								
<p>Other agents</p> <p>Domperidone *Dicitrate</p>	<p><u>Neonates/Pediatrics</u> Domperidone: See Drug Dosing Guidelines Neonatal Peds <u>Pregnant patients</u> Dicitrate: 30 mL given immediately before surgery in conjunction with other appropriate agents</p>								