

PROTON PUMP INHIBITORS IN PAEDIATRICS

PRESCRIBING AND ADMINISTRATION GUIDANCE FOR MEDICAL & WARD STAFF

- PPIs are notoriously difficult to administer to babies/infants (esp. if non-weaned).
- At SDH we use Omeprazole as our first line PPI, to calculate an appropriate dose, please see the most recent edition of the BNFC.
- **It is not necessary to start at the lowest possible dose. Calculate the maximum permissible dose range for the patient's weight and prescribe a sensible, rounded amount, ideally 10mg or 20mg (prescribe capsules). If this is not possible, round to either a 5 mg or 15mg dose (prescribe MUPS).**
- Suspension will only be considered where the maximum dose that can be prescribed by weight is less than 5mg. This will occur in very few instances.
- For neonates and any baby requiring administration via an NG tube, please seek alternative guidance via the Paediatric Pharmacist bleep (3134).

Form of Omeprazole	Strength	Use when dose required is:	Problems:	Administration advice
Capsules	10mg & 20mg	10mg or 20mg only	Cannot crush contents of capsule or add to alkaline liquid (including milk formulas) because the enteric coating will be destroyed.	<p><u>Non-weaned babies:</u> Place contents of capsule onto a dry 5ml medicine spoon. Draw up 5-10 ml of water in an oral syringe. Tip a portion of the dry 'pellets' into the patient's mouth (aiming for the rear of the tongue) and immediately flush the mouth with a small amount of water. Repeat this process 2-3 times until all the balls have been administered. Alternatively, pellets may be administered with a small amount of apple puree (from birth).</p> <p><u>Weaned babies:</u> Mix contents of capsule with a small amount of fruit puree or yoghurt (i.e. something slightly acidic). Administer immediately.</p>
MUPS	10mg	5mg or 15mg only	<p>MUPS may be halved, however they don't dissolve, they only disperse into tiny pellets (that settle out on standing). Smaller doses cannot therefore be accurately administered.</p> <p>MUPS cannot be crushed or dispersed in an alkaline liquid (including milk formulas) because the enteric coating will be destroyed.</p>	<p><u>Non-weaned:</u> Place the required amount of MUP into the barrel of a 10ml oral syringe. Draw up 5ml of water into the syringe and shake gently until the MUP has dispersed. Administer the contents of the syringe in several portions, shaking the syringe each time to 're-suspend' the pellets. Additional water may be drawn up if required.</p> <p><u>Weaned babies:</u> Dispersed pellets can be drained and added to fruit puree BUT consider whether dose can be changed to 10mg or 20mg, in which case, switch to capsules and administer dry pellets with fruit puree or yoghurt, as suggested above.</p>
Suspension (unlicensed)	20mg/5ml	Doses < 5mg only	Lacks enteric protection, order-in only, no efficacy data, requires fridge storage, very limited shelf life and expensive. GPs often will not prescribe, as unlicensed.	Not routinely available – Please bleep 3134 for advice. May be appropriate for administration via jejunostomy. Suspension - shake well before use. Store in the fridge.