

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-16

PAGE 1 of 2

SUBJECT: Dyspepsia

EFFECTIVE DATE: July 2006

SUPERCEDES DATE: None

PURPOSE

To assure that DOP inmates with dyspepsia are receiving high quality Primary Care for their condition in the most cost effective manner.

POLICY

All DOP Primary Care Providers are expected to follow this guideline and/or will document in the medical record any deviations from this guideline and the reasoning behind the need for deviation.

PROCEDURE

THE MANAGEMENT OF DYSPEPSIA

(see attached algorithm)

1. RISK STATUS ASSESSMENT:

- a. Identify high risk patients - any of the following alarm symptoms present:
 - i. Severe dysphagia
 - ii. Gross GI bleeding
 - iii. Unexplained anemia
 - iv. Unintentional weight loss
 - v. New symptoms age > 50
 - vi. Previous gastric surgery
- b. Refer high risk patients for GI consultation and stop all NSAIDS
- c. Non-high risk refer to STEP Therapy

2. STEP THERAPY at every step - monitor closely for alarm symptoms/refer directly for upper endoscopy if develops alarm symptoms:

- a. **STEP 1** -- smoking cessation/dietary changes/drug adjustments (stop NSAIDS)/antacid trial/lifestyle modifications.
- b. **STEP 2** – Trial of H2 antagonist
 - i. Eight weeks of standard therapy or if having severe dyspepsia start with high dose therapy
 - ii. If standard dose unsuccessful try high dose (i.e. ranitidine 300 bid) for at least 4 weeks
- c. **STEP 3** - test for *H. pylori* if ulcer symptoms present
 - i. If positive treat with current Central Pharmacy recommended therapy, if symptoms relieved no further therapy needed
 - ii. If negative or symptoms not controlled go to STEP 4
- d. **STEP 4** – If symptoms do not respond to the above: trial of standard dose PPI
- e. **STEP 5** – If symptoms not controlled by standard dose PPI

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- i. Trial of high dose PPI and/or
 - ii. Metoclopramide
- f. **STEP 6** – If symptoms do not adequately respond or develops alarm symptoms/signs
- i. GI consultation
 - ii. Further diagnostic evaluation as indicated by clinical presentation
- g. If the patient's symptoms are controlled by any Step after 4 to 8 weeks of therapy, consider tapering therapy or making it PRN.



7/26/06

Paula Y. Smith, M.D. Director of Health Services

Date

SOR: Deputy Medical Director

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ATTACHMENT A

ALGORITHM

