Hi Dr. (Physician’s Name):

Over the past month, we have been reviewing all patients who are currently taking a PPI, to assess whether or not they are indicated, effective, and safe. This is important because of the following:

- PPI’s are occasionally not covered, so may incur a cost to the resident.
- PPI’s, when used long term, increase the risk of infection, osteoporosis/fracture, and B12 absorption.
- As polypharmacy is a common issue in LTC, we have an opportunity to reduce pill burden.

We have categorized PPI use in residents into one of five categories:

**A:** Resident taking PPI with no apparent indication.

**B:** Resident taking PPI with no apparent indication, however is taking regular ASA/NSAID. In these residents, we would like to confirm that the PPI is being used for prevention of GI complications.

**C:** Resident taking PPI with no apparent indication, however is taking long term ASA, which also has no indication. In these residents, we would like to confirm the indication of both ASA and the PPI.

**D:** Resident taking PPI, with diagnosis of GERD. In these residents, if appropriate, we would like to consider a dose reduction, or a taper to ranitidine/TUMS, in order to reduce the risk of side effects.

**E:** Resident taking PPI, with a diagnosis more severe than GERD (GI bleed history, cholecystectomy, etc). These residents should not have their PPI re-assessed at this time.

Currently, this resident is taking (current PPI dose) and is under category A. Please indicate below if there is an indication for this patient to be taking a PPI. If there is no indication, please indicate how you wish to proceed:

**Continue PPI as per indication:**

**No indication:**

D/C PPI with 2 week taper (dosed every other day, then discontinued) __________

Decrease dose to __________________

Change to ranitidine (indicate dose) __________ (orders valid x 6 months)

Change to TUMS (indicate dose) __________

Change PPI to PRN once daily for heartburn __________

Other (please specify) __________

Thank you in advance for your time. We hope to continue to work on projects such as this one to improve medication usage at (Facility Name) and across Vancouver Island. If you have any questions, feedback, or require any clarifications regarding this initiative, please do not hesitate to contact us (information listed below).

Regards,

Clinical Pharmacist Name and Contact Info