**sucralfate** (soo-kral-fate)

**Carafate, Sulcrate**

**Classification**

Therapeutic: antisecretory agents

Physiologic: GI protectants

**Pregnancy Category** B

**Indications**

Short-term management of duodenal ulcers. Maintenance (preventive) therapy of duodenal ulcers. Unlabeled Use: Management of gastric ulcers or gastroesophageal reflux disease. Prevention of gastric mucosal injury caused by high-dose aspirin or other NSAIDs in patients with gastrointestinal reflux or in high-stress situations (e.g., intensive care units). Suspension: Mucositis/stomatitis/rectal or oral ulcerations from various etiologies.

**Action**

Aluminum salt of sulfated sucrose reacts with gastric acid to form a thick paste, which selectively adheres to the ulcer surface. **Therapeutic Effects:** Protection of ulcers, with subsequent healing.

**Pharmacokinetics**

**Absorption:** Systemic absorption is minimal (<5%).

**Distribution:** Unknown.

**Metabolism and Excretion:** ~90% is eliminated in the feces.

**Half-life:** 6–20 hr.

**TIME/ACTION PROFILE (mucosal protectant effect)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>PO</td>
<td>1–2 hr</td>
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<td>6 hr</td>
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**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity.

**Use Cautiously in:**

- Renal failure (accumulation of aluminum can occur);
- Diabetes (risk of hypoglycemia with suspension);
- Impaired swallowing (risk of aspiration).

- Cautious drug use; **H** - Genetic Implication; **CAUTION** indicates less concerning; **LOCATE** indicates not frequent; **DISCONTINUE** indicates discontinued

**Adverse Reactions/Side Effects**

**CNS:** dizziness, drowsiness. **GI:** constipation, diarrhea, dry mouth, gastric discomfort, nausea, vomiting. **GU:** hematuria. **Endo:** hyperglycemia (with suspension). **Misc:** ascorbic acid.

**Interactions**

**Drug-Drug:** May ↓ absorption of phenytoin, fat-soluble vitamins, or tetracyclines; ↓ effectiveness when used with antacids, cinesteroids, or ranitidine; ↓ absorption of fluoroquinolones (separate administration by 2 hours).

**Route/Dosage**

**Treatment of Ulcers**

**PO (Adults):** 1 g 4 times daily, given 1 hr before meals and at bedtime; or 2 g twice daily, on waking and at bedtime.

**Prevention of Ulcers**

**PO (Adults):** 1 g once daily, given 1 hr before a meal.

**Gastroesophageal Reflux**

**PO (Adults):** 1 g twice daily, given 1 hr before meals and at bedtime (unlabeled).

**PO (Children):** 0.4–0.8 mg/kg/d, divided q 6 hr, given 1 hr before meals and at bedtime (unlabeled).

**Stomatitis**

**PO (Adults and Children):** 5–10 mL of suspension swish and spit or swish and swallow twice daily.

**Prevent**

**Rect (Adults):** 2 g of suspension given as an enema once or twice daily.

**NURSING IMPLICATIONS**

**Assessment**

- Assess patient routinely for abdominal pain and frank or occult blood in the stool.

**Potential Nursing Diagnoses**

Acute pain (Indications)

 Constipation (Side Effects)

 Deficient knowledge, related to medication regimen (Patient/Family Teaching)

**Patient/Family Teaching**

- Medication regimen.

- Importance of adhering to treatment regimen.

- Report side effects to health care professional, particularly: Constipation, diarrhea, dry mouth, gastric discomfort, nausea, vomiting.

- Do not discontinue treatment without first consulting health care professional.

- This medication may interact with certain foods or other medications. Report any changes in condition to health care professional. Do not abruptly discontinue medication.
 Implementation

- **PO:** Administer on an empty stomach, 1 hr before meals and at bedtime. Tablet may be broken or dissolved in water before ingestion. Shake suspension well before administration.
- If nasogastric or feeding tube administration is required, consult pharmacist; protein-binding properties of sucralfate have resulted in formation of a bezoar when administered with enteral feedings and other medications.
- If antacids are also required for pain, administer 30 min before or after sucralfate dosage.

 Patient/Family Teaching

- Advise patient to continue with course of therapy for 4–8 wk, even if feeling better, to ensure ulcer healing. If a dose is missed, take as soon as remembered unless almost time for next dose; do not double doses.
- Advise patients that increase in fluid intake, dietary bulk, and exercise may prevent drug-induced constipation.
- Emphasize the importance of routine examinations to monitor progress.

 Evaluation/Desired Outcomes

- Decrease in abdominal pain.
- Prevention and healing of duodenal ulcers, seen by x-ray examination and endoscopy.

 Why was this drug prescribed for your patient?