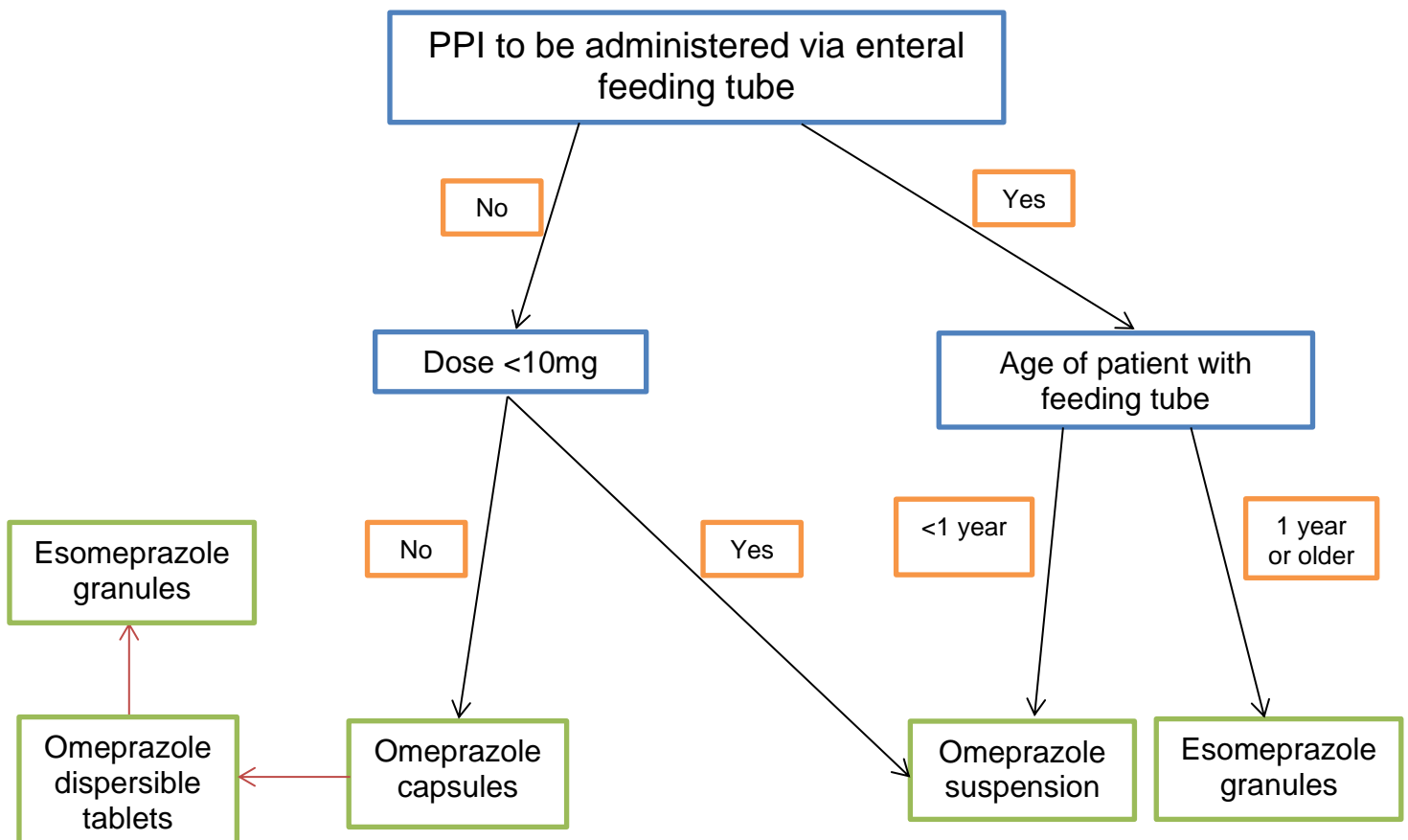


Proton Pump Inhibitor (PPI) decision flowchart for children*



- Follow red arrows for alternative options should the initial formulation not be suitable e.g. due to swallowing difficulties.
- Patients on omeprazole suspension should be routinely switched to an alternative preparation as soon as this becomes clinically appropriate i.e. dose $\geq 10\text{mg}$ / age ≥ 1 year (for children with a feeding tube).

Formulation types and notes:

Medication	Type of formulation	Strengths available	Notes	Cost comparison
Omeprazole	Capsules	10mg, 20mg	Capsules can be opened and the contents mixed with fruit juice, apple sauce or non-carbonated water	£
Omeprazole	Dispersible tablets	10mg, 20mg	Round dose to the nearest 5mg**. Where applicable halve the tablet prior to dispersing in fruit juice, apple sauce or non-carbonated water.	££
Esomeprazole	Granules	10mg	Licensed for enteral tube administration. Mix each 10mg sachet with 15ml of water.	£££
Omeprazole	Oral Suspension	4mg/ml	Complex reconstitution method (preferably pharmacy to do). Once constituted it requires fridge storage and has a 28 day expiry.	££££
N.B. 2mg/ml strength omeprazole oral suspension is non-formulary and should not be used due to benzoate concentration.				

*Choice of PPI for neonates may differ from this pathway and will be tailored to the individual.

**Wherever possible round the dose to the nearest 5mg as anything less is difficult to measure accurately. The tablets do not cut into a 2.5mg proportion easily and the tablets themselves do not disperse evenly in water to give part doses.