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Updating arrangements for the formulary should be decided upon and implemented at a local level.

Introduction to medicines on prevention of Mendelson's Syndrome

Mendelson's syndrome is an acute pneumonia caused by regurgitation of stomach contents and aspiration of chemical material, usually gastric juices. The pneumonia develops rapidly, and within hours the patient may become tachypnoeic, hypoxic and febrile. It often follows anaesthesia when the gag reflex is depressed.

It occurs if aspirated material is sufficiently acid (pH lower than 2.5) and there is sufficient volume.

Preventative measures should be undertaken in accordance with local guidelines and are applied in labour (particularly in women at risk of having a Caesarean section), before elective Caesarean section, and postpartum (for example, if there is anaesthesia for retained placenta). They include an avoidance of general anaesthesia where possible - for example, by use of regional anaesthesia, and using oral alkalis in labour to reduce pH of stomach contents. The aim of these preparations is to raise the pH of gastric juices above 2.5 and reduce the volume of gastric contents below 25 ml.

Monographs of medicines used in the prevention of Mendelson's Syndrome:

Omeprazole 20mg capsule – POM PGD with acknowledgement from NHS Greater Glasgow and Clyde

Ranitidine 50mg/2ml injection – POM PGD with acknowledgement from NHS Greater Glasgow and Clyde

Ranitidine 75 mg tablet – P PGD will be required once medicine available again.

Ranitidine 150 mg tablet – POM PGD will be required once medicine available again.

Sodium citrate oral solution – POM PGD with acknowledgement from NHS Greater Glasgow and Clyde

References

1. <http://www.bnf.org>
2. <http://www.patient.co.uk/doctor/Mendelson's-Syndrome.htm> Written 2.1.2015. Accessed 2.1.2020
3. Mendelson's Syndrome <https://gpnotebook.com/simplepage.cfm?ID=-1026555903> Written 2016. Accessed 2.1.2020.