Indication

Gastro-oesophageal reflux disease and associated gastroenterology conditions

Background

Although only omeprazole is licensed for use in children, there is no clinical significance between omeprazole and lansoprazole. The advantage with lansoprazole is the plateau of dosage which allows whole tablets to be used, without the need to use unpalatable sodium bicarbonate 1 mmol/mL solution. There is also a financial advantage with using lansoprazole Fastabs® as it is significantly less expensive than using sodium bicarbonate oral solution with omeprazole.

Presentation

Omeprazole Capsules 10 mg and 20 mg
Lansoprazole Fastabs® (dissolvable tablet) 15 mg and 30 mg

Paediatric Dosage Information (all ages)

<15 kg
Omeprazole 0.7 mg/kg once a day – starting dose
Dose may be increased to 3 mg/kg (max 2.8mg/kg for neonates) once a day if necessary (max 20mg once a day)

Omeprazole dose may be split into two divided doses
If possible, round the dose to the nearest capsule size (see above) as the contents can be dispersed in water/puree/yoghurt and taken orally if tolerated.
Otherwise, open and disperse the contents of capsules into sodium bicarbonate 1 mmol/mL to take a proportion.

Enteral feeding tube administration must use sodium bicarbonate 1mmol/mL to disperse omeprazole contents.

If patient cannot swallow whole capsules:
Lansoprazole Fastabs® 15 mg – 30 mg once a day

Fastabs may be sucked or dispersed in water and the granules will pass through an 8Fr enteral feeding tube.

Or if patient cannot swallow whole capsules:
Lansoprazole Fastabs® 15 mg – 30 mg once a day

Fastabs may be sucked or dispersed in water and the granules will pass through an 8Fr enteral feeding tube.

15 kg – 30 kg
Either:
Lansoprazole Fastabs® 15 mg once a day

Fastabs may be sucked or dispersed in water and the granules will pass through an 8Fr enteral feeding tube.

Or if the child can swallow capsules:
Omeprazole Capsules 10 mg once a day

Omeprazole dose may be increased to 20 mg for patient ≤ 20 kg, 40 mg for patient > 20 kg
Doses of whole capsule contents (10mg or 20mg) can be dispersed in water/puree/yoghurt and taken orally if tolerated.

Enteral feeding tube administration must use sodium bicarbonate 1mmol/mL to disperse omeprazole capsule contents – consider switching to lansoprazole.

>30 kg
Either:
Omeprazole capsules 20 mg once a day

Omeprazole dose may be increased to 40 mg once a day if necessary
Doses of whole capsule contents (10mg or 20mg) can be dispersed in water/puree/yoghurt and taken orally if tolerated.

Enteral feeding tube administration must use sodium bicarbonate 1mmol/mL to disperse omeprazole capsule contents – consider switching to lansoprazole.

Or if patient cannot swallow whole capsules:
Lansoprazole Fastabs® 15 mg – 30 mg once a day

Fastabs may be sucked or dispersed in water and the granules will pass through an 8Fr enteral feeding tube.

Adverse effects

Both Lansoprazole and Omeprazole

- Nausea, vomiting, abdominal pain, flatulence, diarrhoea, constipation, dizziness, headache, dry mouth

References

1. BNFc 2010-2011