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Area S4-Medication
Safety-Medicine
Guidelines
Applicability Mt Lawley
Hospital

SJGHC Medicine Guideline 13ML Ketamine Mount Lawley

Our Vision - We are recognised for care that provides healing, hope and a greater sense of dignity, especially to those most in need.

Our Mission - To continue the healing mission of Jesus.

RELATED MEDICINE GUIDELINE



This medicine guideline must be read in conjunction with -

[SJGHC Medicine Guideline 13 Ketamine low dose](#)

THE FOLLOWING INFORMATION APPLIES TO:

MT LAWLEY HOSPITAL

LOCATION

Patients receiving ketamine infusion are to be cared for on the 3rd floor surgical ward at Mt Lawley, PACU or DSU where an appropriately trained Registered Nurse must be looking after the patient.

PRESCRIBING

Ketamine infusions must be prescribed on the Ketamine Infusion Chart.

PRESENTATION

The preferred dilution of ketamine for pain management is **Ketamine 200mg in 100mL sodium chloride 0.9%**. This results in a ketamine concentration of 2mg/mL.

DOSE

For chronic pain management the starting infusion rate is 6mg/hr (or 3mL/hr).

For chronic pain management the infusion rate range is 0.1mg/kg/hr to 0.3mg/kg/hr, up to a maximum of 20mg/hr (10mL/hr).

Contraindications and Precautions

Contraindications

- Hypersensitivity to Ketamine.
- Any condition where a significant elevation of blood pressure is hazardous including:
 - Heart failure.
 - Severe or poorly controlled hypertension.
 - Recent myocardial infarction.
 - Ischaemic heart disease.
 - Current or previous history of stroke or intracerebral haemorrhage.
 - Cerebral trauma.
 - Intracerebral mass.
 - Glaucoma.
- Impaired capacity to consent.
- Current history of substance abuse.
- History of chronic alcohol abuse or current acute alcohol intoxication.

Precautions

- Psychiatric disorders:
- Current or previous history of schizophrenia, bipolar affective disorder, delirium, psychosis or psychotic related conditions.
- Active post-traumatic stress disorder, or a history with prominent dissociative symptoms.
- Active suicidal ideation.
- Neurocognitive disorder.
- Significant renal or hepatic impairment.

Should the patient have any contraindications the prescriber must obtain patient specific approval for the use of ketamine infusion from the Director of Medical Services prior to commencement of treatment.

ADMINISTRATION

A continuous infusion of ketamine must be delivered using a CADD - Solis device.

The dilution of Ketamine for chronic pain management is 200mg in 100ml sodium chloride 0.9%. This results in a Ketamine concentration of 2mg/ml.

Prescriber Documentation

- Prescribe on Ketamine Infusion Chart MR 120.16
- Ketamine infusions for chronic pain management can only be prescribed by practitioners from the following specialities and within their scope of practice:
- Pain Management Consultants.
- An RMO under the direction and supervision of the above Consultant.
- The initial order must be completed by the above specialist prescriber, or RMO under the direction of the specialist prescriber.

Verbal orders are NOT permitted.

- Instructions for changes to orders may be received over the phone. Nursing caregivers are to document details of the phone order on MR 120.4
- The prescriber must advise the patient of the potential adverse effects, in particular the psychotomimetic effects, and the importance of reporting these to the nursing and medical caregivers.
- The prescriber should obtain baseline U&Es and LFTs prior to commencement of infusion.

The maximum duration for administration of ketamine infusion is 3 days.

“When required” medications for adverse effect management can be charted ahead of time in the PRN section as clinically appropriate.

Adjunct PRN Medications

Ondansetron

- 4mg sublingual/IV 6 hourly PRN
- Maximum of 16mg in 24 hours

Paracetamol

- 1g po/IV 4 hourly PRN
- Maximum of 4g in 24 hours

Clonidine

- 50mcg po 12 hourly PRN
- Maximum of 100mcg in 24 hours

Lorazepam

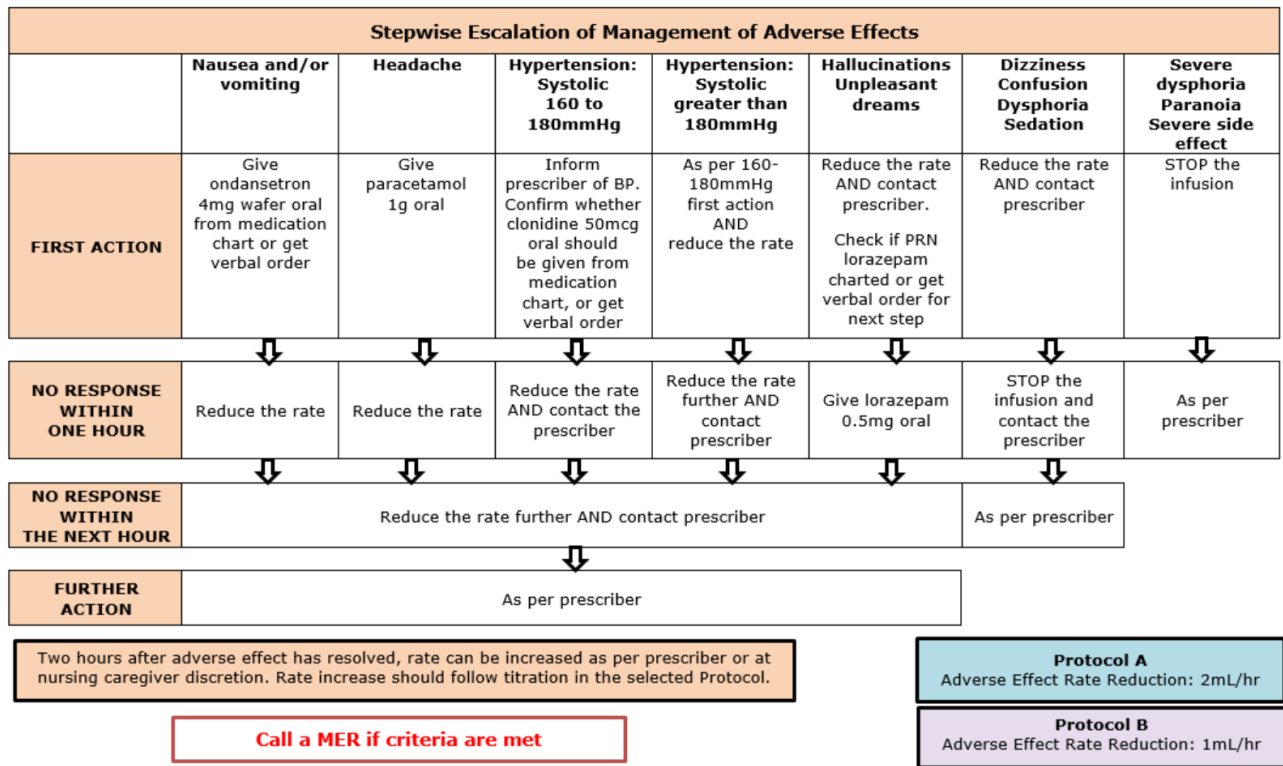
- 0.5mg po 2 hourly PRN
- Maximum 3mg in 24 hours

MONITORING

Patients on ketamine infusion require daily Acute Pain Service (APS) review.

Observations	Sedation score, respiratory rate, SpO2	Pain score	HR/BP	Temperature
Ketamine Continuous Infusion	Hourly for 6 hours, then 2 hourly for 6 hours. Continue 4 hourly if stable for the duration of infusion	Hourly for 6 hours, then 2 hourly for 6 hours, then 4 hourly if pain well controlled for the duration of the infusion	Hourly for 6 hours, then 2 hourly for 6 hours, then 4 hourly if stable for the duration of the infusion	4 hourly
Ketamine BOLUS dose administration	15 minute observations for 1 hour, then resume as above if on continuous infusion	As above	As above	As above

Adverse effects should be managed according to the table: Stepwise Escalation of Management of Adverse Effects (Acknowledgement: table used with thanks to St John of God Subiaco Hospital Pharmacy Department)



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Approval Signatures

Step Description	Approver	Date
SJGHC Policy Governance Team Approver	Sylvia White: Clinical Pharmacist	Apr 2024
DoN Approver	Emma Cook: Director of Nursing & Midwifery	Apr 2024
Site Champion Owner	Sylvia White: Clinical Pharmacist	Apr 2024
Site Champion Owner	Jennifer Pomponio: Manager Quality & Risk	Mar 2024

Applicability

Mt Lawley Hospital

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