

Low dose ketamine (KETALAR) infusion for PAIN MANAGEMENT [5238]

Patient must be admitted to ED/OR/PACU/ICU/IMU
Must be initiated by critical care, pain management, or anesthesiology
Consider dose reduction of concurrent opioid dose prior to initiating ketamine

Relative Contraindications Precautions

Severe hypertension Intracranial hypertension
Psychotic disturbances (psychosis, delirium, history of schizophrenia) Increased ocular pressure
Acute myocardial infarction History of coronary artery disease or acute myocardial infarction

Nursing

Sedation Scale (Single Response) (Selection Required)

() Richmond agitation sedation scale	Routine, Until discontinued, Starting S Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): At baseline, every hour for 2 hours, every 4 hours until discontinuation
() Pasero Opioid-induced Sedation Scale	Routine, Until discontinued, Starting S At baseline, every hour for 2 hours, every 4 hours until discontinuation

Nursing

[X] Neurological assessment for dysphoria and hallucinations (CAM-ICU or 4AT)	Routine, Until discontinued, Starting S Assessment to Perform: At baseline, every 6 hours for 24 hours, every 12 hours until discontinuation
[X] Vital signs - T/P/R/BP	Routine, Every 30 min For 999 Occurrences At baseline, every 30 minutes for the first 2 hours, then hourly until discontinuation.
[X] Notify ordering physician for any of the following reasons:	Routine, Until discontinued, Starting S, 1. Ketamine infusion is discontinued by any service other than the prescriber responsible for ketamine therapy 2. Inadequate analgesia
[X] Nursing communication: Stop Ketamine drip and call physician for any of the following	Routine, Until discontinued, Starting S Respiratory rate 10 per minute or less Severe and/or recent confusion, disorientation, agitation, or hallucinations Somnolent and difficult to arouse (RASS < -2 or POSS > 2) Sustained hypertension (SBP > 180 mmHg) or tachycardia (HR > 110 bpm) Sustained hypotension (SBP < 100mmHg) or bradycardia (HR < 50bpm) Excessive nausea and vomiting Significant increase in oral secretions Arrhythmias (New or increased frequency)

Medications

Ketamine (Ketalar®) IV 300 mg/30 mL PCA

[X] ketamine in 0.9 % sodium chloride 300 mg/30 mL infusion syringe for analgesic use	intravenous, continuous RESTRICTED to anesthesiologists, intensivists, pain management.. Are you an anesthesiologist, intensivist, or pain management specialist or ordering on behalf of one? Ketamine for analgesia is restricted to ICU, PACU transferred to ICU, and ED transferred to ICU. Do you attest that the patient is being treated in an approved care setting?
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Management of adverse effects (for provider ordering PRN)

<input type="checkbox"/> Agitation or hallucination Injection	
<input type="checkbox"/> LORAZepam (ATIVAN) injection	0.5 mg, intravenous, once PRN, agitation, or hallucination Indication(s):
<input type="checkbox"/> haloperidol lactate (HALDOL) injection	0.5 mg, intravenous, once PRN, agitation, or hallucination Indication:
<input type="checkbox"/> Excessive Secretions	
<input type="checkbox"/> glycopyrrolate (PF) in water 1 mg/5 mL (0.2 mg/mL) syringe	0.2 mg, intravenous, once PRN, excessive secretions
<input type="checkbox"/> Ondansetron IV/PO/PR PRN	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.