NSW GOVERNMENT | Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

KETAMINE INFUSION (ADULT)

SMR130028

Ketamine Infusion Management Guidelines

(For detailed information regarding Ketamine prescribing and management refer to local hospital Ketamine policy)

- **Observations** on this form to be recorded either 2 hourly or 4 hourly as indicated on the prescription section of this form or more frequently if patient's clinical condition warrants.

  - If PCA (Patient controlled analgesia) in use, document pain scores on the PCA chart only. Record observations according to PCA management guidelines.

- **Infusion pump settings to be checked** at the commencement of each shift, on patient transfer and when the syringe or bag is changed.
- **The cannula site (subcutaneous or intravenous)** must be checked each shift for signs of redness, swelling or tenderness.

Managing Adverse Effects

- **Managing dysphoric effects** such as hallucinations, unpleasant dreams or visual disturbances: contact the relevant pain service or equivalent medical officer. A medical officer may consider a dose reduction of the ketamine infusion or the addition of a benzodiazepine. (e.g. midazolam)

REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

APPROPRIATE CLINICAL CARE FOR PATIENTS WITH YELLOW ZONE OBSERVATIONS:

- ENSURE THAT THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS CONTACTED

YELLOW ZONE RESPONSE

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS YOU MUST FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

ACUTE PAIN SERVICE or equivalent medical officer CONTACT:

BUSINESS HOURS page/phone: **OUT OF HOURS page/phone:**

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606624 061218

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

☐ **Nil known** ☐ **Unknown** (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials

Sign.....Print.....Date.....

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct:

.....

Pain specialist referral
Referring doctor name: .....
Signature: .....
Date: .....

Ketamine Infusion (Adult)

Prescription is valid for a maximum of 7 days unless ceased earlier.
Refer to local hospital policy for standardised Ketamine solutions

Observations for this patient to be recorded: ☐ *2 hourly* *OR* ☐ *4 hourly.*

Route	Drug (print 'ketamine')	Amount (mg)	Diluent	Total Volume (mL)	Concentration
			Sodium chloride 0.9%		(mg per mL)

Infusion start rate	**Infusion range** (if applicable)
.....mg per hour = ...mL per hour	**FROM**: .....mg per hour = ...mL per hour **TO**: .....mg per hour = ...mL per hour

Date	Prescriber's signature	Print your name	Contact	Pharmacy

Revised prescription is valid until this chart is completed unless ceased earlier

Route	Drug (print 'ketamine')	Amount (mg)	Diluent	Total Volume (mL)	Concentration
			Sodium chloride 0.9%		(mg per mL)

Infusion start rate	**Infusion range** (if applicable)
.....mg per hour = ...mL per hour	**FROM**: .....mg per hour = ...mL per hour **TO**: .....mg per hour = ...mL per hour

Date	Prescriber's signature	Print your name	Contact	Pharmacy

Revised prescription is valid until this chart is completed unless ceased earlier

Route	Drug (print 'ketamine')	Amount (mg)	Diluent	Total Volume (mL)	Concentration
			Sodium chloride 0.9%		(mg per mL)

Infusion start rate	**Infusion range** (if applicable)
.....mg per hour = ...mL per hour	**FROM**: .....mg per hour = ...mL per hour **TO**: .....mg per hour = ...mL per hour

Date	Prescriber's signature	Print your name	Contact	Pharmacy

Revised prescription is valid until this chart is completed unless ceased earlier

Route	Drug (print 'ketamine')	Amount (mg)	Diluent	Total Volume (mL)	Concentration
			Sodium chloride 0.9%		(mg per mL)

Infusion start rate	**Infusion range** (if applicable)
.....mg per hour = ...mL per hour	**FROM**: .....mg per hour = ...mL per hour **TO**: .....mg per hour = ...mL per hour

Date	Prescriber's signature	Print your name	Contact	Pharmacy

CEASE KETAMINE ACCORDING TO INSTRUCTIONS IN THE MEDICAL RECORD

Refer to entry in the medical record written on Date:…..... Time:.....

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NO WRITING

NSW GOVERNMENT | Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

KETAMINE INFUSION (ADULT)

SMR130028

Record of ketamine administration and ketamine discarded

	Record of ketamine administration				Record of ketamine discarded				
	Date	Time	Signature 1	Signature 2	Date	Time	Total ketamine discarded (mL or mg)	Signature 1	Signature 2
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NSW GOVERNMENT Health

Facility:

KETAMINE INFUSION (ADULT)

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

DATE																
TIME																
PAIN SCORE Assess pain both at rest and with relevant movement. **Document "R" for rest and "M" for movement**																
If PCA in use, document pain scores on PCA chart only — Severe pain	10															10
	9															9
	8															8
	7															7
Moderate pain	6															6
	5															5
	4															4
Mild pain	3															3
	2															2
	1															1
No pain	0															0

Dysphoric adverse effects present	Yes															Yes
	No															No
INFUSION RATE mg or mL per hour (circle one)																
Cumulative dose mg or mL (circle one)																
Two initials for change of ketamine program																
Ketamine program checked (initial) once per shift, on patient transfer and on change of bag or syringe																
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)																
COMMENTS																
INITIAL:																

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NO WRITING

NSW GOVERNMENT Health

Facility:

KETAMINE INFUSION (ADULT)

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR130028

DATE															
TIME															
PAIN SCORE Assess pain both at rest and with relevant movement. **Document "R" for rest and "M" for movement**															
If PCA in use, document pain scores on PCA chart only — Severe pain	10														10
	9														9
	8														8
	7														7
Moderate pain	6														6
	5														5
	4														4
Mild pain	3														3
	2														2
	1														1
No pain	0														0
Dysphoric adverse effects present	Yes														Yes
	No														No
INFUSION RATE mg or mL per hour (circle one)															
Cumulative dose mg or mL (circle one)															
Two initials for change of ketamine program															
Ketamine program checked (initial) once per shift, on patient transfer and on change of bag or syringe															
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)															
COMMENTS															
INITIAL:															

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NSW GOVERNMENT Health

Facility:

KETAMINE INFUSION (ADULT)

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

DATE																
TIME																
PAIN SCORE Assess pain both at rest and with relevant movement. **Document "R" for rest and "M" for movement**																
If PCA in use, document pain scores on PCA chart only — Severe pain	10															10
	9															9
	8															8
	7															7
Moderate pain	6															6
	5															5
	4															4
Mild pain	3															3
	2															2
	1															1
No pain	0															0

Dysphoric adverse effects present	Yes															Yes
	No															No
INFUSION RATE mg or mL per hour (circle one)																
Cumulative dose mg or mL (circle one)																
Two initials for change of ketamine program																
Ketamine program checked (initial) once per shift, on patient transfer and on change of bag or syringe																
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)																
COMMENTS																
INITIAL:																

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NO WRITING

NSW GOVERNMENT Health

Facility:

KETAMINE INFUSION (ADULT)

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR130028

DATE															
TIME															
PAIN SCORE Assess pain both at rest and with relevant movement. **Document "R" for rest and "M" for movement**															
If PCA in use, document pain scores on PCA chart only — Severe pain	10														10
	9														9
	8														8
	7														7
Moderate pain	6														6
	5														5
	4														4
Mild pain	3														3
	2														2
	1														1
No pain	0														0
Dysphoric adverse effects present	Yes														Yes
	No														No
INFUSION RATE mg or mL per hour (circle one)															
Cumulative dose mg or mL (circle one)															
Two initials for change of ketamine program															
Ketamine program checked (initial) once per shift, on patient transfer and on change of bag or syringe															
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)															
COMMENTS															
INITIAL:															

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NSW GOVERNMENT Health

Facility:

KETAMINE INFUSION (ADULT)

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

DATE																
TIME																
PAIN SCORE Assess pain both at rest and with relevant movement. **Document "R" for rest and "M" for movement**																
If PCA in use, document pain scores on PCA chart only — Severe pain	10															10
	9															9
	8															8
	7															7
Moderate pain	6															6
	5															5
	4															4
Mild pain	3															3
	2															2
	1															1
No pain	0															0

Dysphoric adverse effects present	Yes															Yes
	No															No
INFUSION RATE mg or mL per hour (circle one)																
Cumulative dose mg or mL (circle one)																
Two initials for change of ketamine program																
Ketamine program checked (initial) once per shift, on patient transfer and on change of bag or syringe																
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)																
COMMENTS																
INITIAL:																

DO NOT PRINT

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NO WRITING