



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

### KETAMINE INFUSION (ADULT)

## 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:



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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.....

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

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D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Facility:

ADDRESS

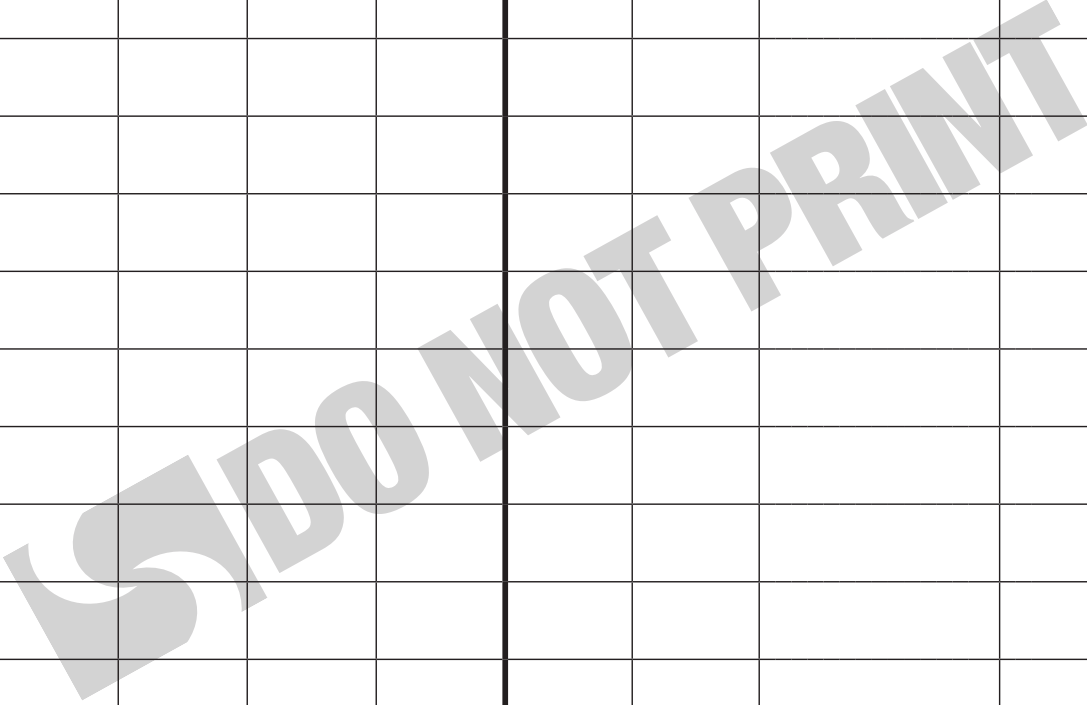
### KETAMINE INFUSION (ADULT)

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

### 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									



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Facility:		D.O.B. ____ / ____ / ____		M.O.							
<b>KETAMINE INFUSION (ADULT)</b>						ADDRESS					
						LOCATION					

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED                      COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

DATE																		
TIME																		
<b>PAIN SCORE</b> 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
	Moderate pain	7																7
		6																6
		5																5
	Mild pain	4																4
		3																3
		2																2
	No pain	1																1
0																	0	

Dysphoric adverse effects present	Yes																Yes
	No																No

<b>INFUSION RATE</b> mg or mL per hour (circle one)																	
Cumulative dose mg or mL (circle one)																	
Two initials for change of ketamine program	/ /																
<b>Ketamine program checked</b> (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)																	

<b>COMMENTS</b>																	
<b>INITIAL:</b>																	

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**Facility:** \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M.O. \_\_\_\_\_

**KETAMINE INFUSION (ADULT)** ADDRESS \_\_\_\_\_

Altered Calling Criteria LOCATION \_\_\_\_\_

ALL OBSERVATIONS MUST BE GRAPHED 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

<div style="border: 1px solid black; padding: 5px; width: fit-content;">         If PCA in use, document pain scores on PCA chart only       </div>	Severe pain	10											10
		9											9
		8											8
	Moderate pain	7											7
		6											6
		5											5
	Mild pain	4											4
		3											3
		2											2
	No pain	1											1
0												0	

Dysphoric adverse effects present	Yes											Yes
	No											No

<b>INFUSION RATE</b> mg or mL per hour (circle one)										
--	--	--	--	--	--	--	--	--	--	--

Cumulative dose mg or mL (circle one)										
---------------------------------------	--	--	--	--	--	--	--	--	--	--

Two initials for change of ketamine program	/ / / / / / / / / / / / / /									
---	-----------------------------	--	--	--	--	--	--	--	--	--

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---	--	--	--	--	--	--	--	--	--	--

<b>COMMENTS</b>										
-----------------	--	--	--	--	--	--	--	--	--	--

<b>INITIAL:</b>										
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**KETAMINE INFUSION (ADULT)**

ADDRESS

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LOCATION

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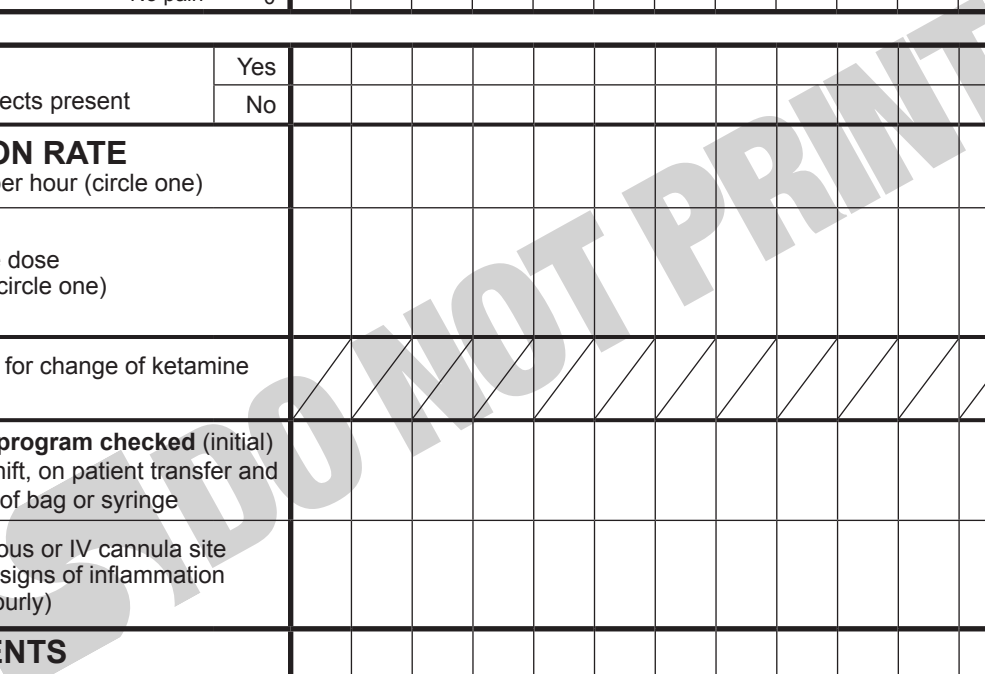
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<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     If PCA in use, document pain scores on PCA chart only                 </div> <p style="margin-left: 20px;">Severe pain {</p> <p style="margin-left: 20px;">Moderate pain {</p> <p style="margin-left: 20px;">Mild pain {</p> <p style="margin-left: 20px;">No pain {</p>	10																10
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	8																8
	7																7
	6																6
	5																5
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