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.

- **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:**
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.

<table>
<thead>
<tr>
<th>Route</th>
<th>Drug (print ‘ketamine’)</th>
<th>Amount (mg)</th>
<th>Diluent</th>
<th>Total Volume (mL)</th>
<th>Concentration (mg per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Infusion start rate**

......mg per hour = ......mL per hour

**Infusion range (if applicable)**

FROM: ......mg per hour = ......mL per hour TO: ......mg per hour = ......mL per hour

<table>
<thead>
<tr>
<th>Date</th>
<th>Prescriber’s signature</th>
<th>Print your name</th>
<th>Contact</th>
<th>Pharmacy</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Route</th>
<th>Drug (print ‘ketamine’)</th>
<th>Amount (mg)</th>
<th>Diluent</th>
<th>Total Volume (mL)</th>
<th>Concentration (mg per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Infusion start rate**

......mg per hour = ......mL per hour

**Infusion range (if applicable)**

FROM: ......mg per hour = ......mL per hour TO: ......mg per hour = ......mL per hour

<table>
<thead>
<tr>
<th>Date</th>
<th>Prescriber’s signature</th>
<th>Print your name</th>
<th>Contact</th>
<th>Pharmacy</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Route</th>
<th>Drug (print ‘ketamine’)</th>
<th>Amount (mg)</th>
<th>Diluent</th>
<th>Total Volume (mL)</th>
<th>Concentration (mg per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Infusion start rate**

......mg per hour = ......mL per hour

**Infusion range (if applicable)**

FROM: ......mg per hour = ......mL per hour TO: ......mg per hour = ......mL per hour

<table>
<thead>
<tr>
<th>Date</th>
<th>Prescriber’s signature</th>
<th>Print your name</th>
<th>Contact</th>
<th>Pharmacy</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Route</th>
<th>Drug (print ‘ketamine’)</th>
<th>Amount (mg)</th>
<th>Diluent</th>
<th>Total Volume (mL)</th>
<th>Concentration (mg per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Infusion start rate**

......mg per hour = ......mL per hour

**Infusion range (if applicable)**

FROM: ......mg per hour = ......mL per hour TO: ......mg per hour = ......mL per hour

<table>
<thead>
<tr>
<th>Date</th>
<th>Prescriber’s signature</th>
<th>Print your name</th>
<th>Contact</th>
<th>Pharmacy</th>
</tr>
</thead>
</table>

**CEASE KETAMINE ACCORDING TO INSTRUCTIONS IN THE MEDICAL RECORD**

Refer to entry in the medical record written on

Date:.................. Time:..........
KETAMINE INFUSION (ADULT)

Record of ketamine administration and ketamine discarded

<table>
<thead>
<tr>
<th>Record of ketamine administration</th>
<th>Record of ketamine discarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
KETAMINE INFUSION (ADULT)

DATE
TIME

PAIN SCORE Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement

<table>
<thead>
<tr>
<th>Severe pain</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate pain</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mild pain</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>No pain</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

If PCA in use, document pain scores on PCA chart only

Yes | 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:

Dysphoric adverse effects present

Yes | No

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

FACILITY:

KETAMINE INFUSION (ADULT)

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
Facility: 

KETAMINE INFUSION (ADULT)

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:
Dysphoric adverse effects present

Yes  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:
### KETAMINE INFUSION (ADULT)

**Facility:**

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D.O.B. _____ / _____ / ______  M.O.

**LOCATION**

**ALL OBSERVATIONS MUST BE GRAPHED**

**COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE**

#### DATE

<table>
<thead>
<tr>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### PAIN SCORE

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

- **Severe pain**
  - 10
  - 9
  - 8
  - 7
  - 6

- **Moderate pain**
  - 5
  - 4
  - 3
  - 2

- **Mild pain**
  - 1

- **No pain**
  - 0

If PCA in use, document pain scores on PCA chart only.

#### INFUSION RATE

- **mg or mL per hour (circle one)**
  - Yes
  - No

- **Cumulative dose**
  - **mg or mL (circle one)**
  - Yes
  - No

- **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:**

**NO WRITING**
Facility: 

**KETAMINE INFUSION (ADULT)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

**PAIN SCORE** Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe pain</td>
<td>10</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>9</td>
</tr>
<tr>
<td>Mild pain</td>
<td>8</td>
</tr>
<tr>
<td>No pain</td>
<td>7</td>
</tr>
</tbody>
</table>

If PCA in use, document pain scores on PCA chart only.

<table>
<thead>
<tr>
<th>Dysphoric adverse effects present</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**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: