

## Ketamine for Acute Pain in Adults - Summary Clinical Guideline

Reference No: CG-STEP/2019/004

**Infusions of Ketamine are restricted to ICU/HDU, SDU, Theatre recovery and theatres. Oral ketamine may be administered on any normal surgical ward.**

Ketamine infusions should be run concurrently with an opiate (normally morphine) PCA or continuous infusion unless the patient has intolerable opiate side effects.

Oral ketamine doses generally range between 1-3mls (10-30mgs) four times a day, normally for no more than 4 days. IV infusions of ketamine are reserved for patients in whom enteral absorption of ketamine is doubtful.

**Respiratory depression may occur due to concurrent opiate use so NALOXONE MUST BE easily available. See full guideline for suggested dosing.**

- Prepared syringes of ketamine 100mg/50ml Sodium Chloride 0.9% need to be ordered from pharmacy on a named patient basis. Alternatively, these may be prepared by an anaesthetist.
- Ensure that **Ketamine 2mg in 1ml** is prescribed on the EPMA system with "frequency" set as CONTINUOUS and "route" set as INTRAVENOUS
- Ensure a suitable dose range in **mg/hr** has been prescribed in the "ADDITIONAL INFORMATION" box ensuring the minimum and maximum rates have been set by the prescriber. (*The normal dose range is 4 to 12 mg/hr, however this may need to be halved in patients > 70 years old.*)
- A Ketamine Infusion paper prescription should also be completed.
- A loading bolus may be necessary before commencing the infusion. This should be given by an anaesthetist. Typically up to 3 doses of 5mg (separated by at least 2 minutes) should be sufficient loading if strong opiates have already been used.
- Respiratory rate, sedation score, oxygen saturation, heart rate, pain score, nausea and vomiting score should all be recorded every **15 minutes for the first hour** then **HOURLY** whilst the ketamine infusion is in progress.
- Ensure the respiratory rate is counted visually every hour and is greater than 8 breaths per minute. If less than 8, wake the patient. If sedation score 2 - refer to Treatment of Complications in the Full Guideline.
- Intravenous Ketamine infusions should only be used in patients with unreliable enteral absorption. Patients should be switched to oral / enteral Ketamine as soon as this is an option. **Prescriptions of oral ketamine for acute pain on general surgical wards may only be made after consultation with an anaesthetic consultant from the acute pain team or step down unit.**

For further Information please refer to:

### **KETAMINE FOR ACUTE PAIN IN ADULTS – FULL CLINICAL GUIDELINE**

For advice or help with problems contact a member of the Acute Pain Team during office hours or on call anaesthetist out of hours.