

**KETAMINE INFUSION CHART & ASSESSMENT RECORD FOR CHRONIC PAIN**

Unit Record Number

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Date of Birth       Sex

Room No.    Doctor \_\_\_\_\_

**OR USE PATIENT LABEL**

**KETAMINE INFUSION ORDER**

**ALLERGIES & ADVERSE REACTIONS (ADR)**  
Has the National Inpatient Medication chart been checked for Allergies / Adverse reactions?  Yes

Checked by:...../...../.....  
Sign / Print Name Date

**Infusion order**

Drug 1 **KETAMINE** Amount..... mg Final Concentration.....

Drug 2..... Amount..... mg

Solution..... Volume..... mL Route (IV/SC).....

Bolus Dose..... mg Starting Rate..... mg/hr Maximum Rate..... mg/hr

Rate increase at..... mg/hr every..... (minute or hour) **if pain score is  $\geq$  3/10 and sedation score is  $<$  2**

Doctor's signature..... Name (please print)..... Date...../...../.....

**Observations times:** baseline, after every dose change, hourly for the first 2 hours after the initiation. 2 hourly for 4 hours then 4 hourly until Ketamine discontinued and at the start of every shift.

**INFUSION RECORD**

Order No.				
Syringe/Bag No.				
Date and Time Commenced	/			
Date & Time Completed	/			
RN 1 Signature				
RN 2 Signature				

Oxygen therapy whilst on infusion \_\_\_\_\_ L/min \_\_\_\_\_ Signature

**All monitoring including sedation scores must be performed, even when asleep**

**Emergency Guidelines**

If respiratory rate is  $<$ 8 per minute and/or sedation score is 3 or more, and/or unable to stay awake:

- Stop the infusion
- Check oxygen saturation level
- Administer oxygen at 8 litres per minute via Hudson Mask - maintain airway
- Call anaesthetist or medical officer