

**CLASS: A**

**PROTOCOL(S) USED IN: Altered Mental Status, Endotracheal Intubation RSI, Patient Restraint Physical & Chemical**

**PHARMACOLOGY AND ACTIONS:**

- A. Sedative/dissociative analgesia
- B. Generalized CNS depression
- C. The exact mechanism of action is unknown; it acts on the cortex and limbic receptors producing dissociative analgesia and sedation.

**INDICATIONS:**

- A. Probable delirium with severe agitation.
- B. RSI induction.
- C. Procedural Sedation
- D. Pain Management

**CONTRAINDICATIONS:**

- A. Known hypersensitivity.

**PRECAUTIONS:**

- A. Ketamine should be used with caution for intoxicated patients or if illicit drug use is suspected.

**SIDE EFFECTS AND NOTES:**

- A. Respiratory depression
- B. Laryngospasm Increased
- C. Emergence Delirium
- D. All patients receiving Ketamine should have cardiac, capnography and spO2 monitoring when available.
- E. Ketamine dosing should be based on ideal body weight.
- F. Ketamine is not a routine option for first line analgesia. Lower dosages should be considered for elderly pts and intoxicated pts.

**ADULT DOSING:**

Probable delirium with severe agitation/Patient Chemical Restraint:

**4 mg/kg IM (max dose 500 mg).** Adhere to Behavioral Severity Index (BSI) for appropriate dosing and use.

RSI Induction dose:

**1 mg/kg IV/IO** push. Single max dose of 200 mg.  
Repeat once prn for continued sedation.

Procedural Sedation:

**1 mg/kg IV/IO or 2 mg/kg IM.** May repeat once after 20 minutes prn.

Pain Management:

**0.1 - 0.3 mg/kg IV/IO/IM to max of 30 mg.** for pain refractory to Fentanyl or Morphine administration or can be considered first line if hypotension is present. Mix in 50-100cc of NS or LR. Give slowly over 10 minutes.

**PEDIATRIC DOSING:** Same as adult for RSI Induction dose.