Ketamine - 20.210

CLASS: A

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

PHARMACOLOGY AND ACTIONS:

A. NMDA receptor antagonist
B. Analgesic at low doses
C. Dissociative at high doses

INDICATIONS:

A. Severe psychomotor agitation with dissociation from reality.
B. RSI induction and post-intubation sedation and analgesia
C. Pain Management

SIDE EFFECTS AND NOTES:

A. Be prepared to immediately respond to respiratory depression or hemodynamic compromise
B. Laryngospasm – can typically be aborted with jaw thrust and/or positive pressure BVM
C. All patients receiving Ketamine should have continuous cardiac, capnography and SpO2 monitoring in place as soon as feasibly possible.
D. Ketamine dosing should be based on ideal body weight.
E. Lower dosages should be considered for elderly, intoxicated, and hemodynamically compromised patients.

ADULT DOSING:

Severe psychomotor agitation with dissociation from reality:

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.

Post intubation sedation and analgesia:

0.5-1 mg/kg IV/IO push PRN q5-10 minutes. Single max dose of 200 mg.

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.