

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. Delirium with severe agitation.
- 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:

Delirium with severe agitation:

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.