

## Contemplative Medicine Ketamine informed consent

Ketamine is an anesthetic agent that produces improvements in chronic pain and depression when used in small doses. It should not be used by individuals with cardiac arrhythmia, hypertension, glaucoma, porphyria, untreated hyperthyroidism, or elevated intracranial pressure. At higher doses, it can produce a dissociative “heady” feeling. Most people don’t enjoy this feeling. It can easily be remedied by reducing the dose. In a minority of individuals, this sensation can be perceived as enjoyable - and therefore it may become habit forming. We will be closely monitoring you for symptoms of addiction and excessive dosages. Sublingual ketamine can have an unpleasant taste. Sucking on a piece of hard candy while the ketamine absorbs can make this more tolerable. It is okay to swallow, but try not to as this will reduce its effects. Care must be taken to not operate motorized vehicles or bicycles if you are feeling dissociated from your thoughts or emotions, or have a “heady” feeling.

Common side effects (expected and not dangerous) include: dissociation, illusions or a sense of unreality, dizziness, sedation, decreased pain sensation, vomiting, euphoria (intense happiness), and a sense of moving while sitting still. It may feel “heady” or “drunk”.

More concerning side effects- all possible but unlikely as we use very low doses

HTN - high blood pressure*	Hypersalivation
Headache due to increased pressure- made better by head elevation,	Increased metabolic rate
Rapid heart rate	Withdrawal syndrome - need to come off of it slowly after extended use
jerking movements	Laryngospasm-spasm of throat*
Visual hallucinations*	Liver dysfunction
Vivid dreams	Rarely Bladder and kidney issues.
Bradycardia - low heart rate	Decreased attention span
Hypotension - low blood pressure	Increased reaction time
visual changes including double vision	confusion
Allergic reaction*	
Cardiac arrhythmia	

\*If any of the following occur, you will not be continued on Ketamine:

- Allergic reactions can include a serious syndrome called anaphylaxis. If we suspect during your 2 hour induction that you are experiencing this reaction, you will be given intramuscular epinephrine which reverses the anaphylaxis and oral diphenhydramine which brings down any swelling and high blood pressure. Epinephrine is a natural body hormone which causes alertness, increased

energy, activation of skeletal muscles and relaxation of smooth muscles. It feels like a sudden jolt of caffeine. It can increase blood pressure. Diphenhydramine (Benadryl) causes sleepiness, relaxation, and dry mouth. Neither of these medications are dangerous.

- Laryngospasm is a spasm of the windpipe. During your induction, if it occurs, we will be placing you in an upright position with your head back. We will be pressing behind your jaw. You will be instructed to hold your breath for 5 seconds, breathe in through the nose and out through your mouth with pursed lips. Pursing your lips helps increase the air pressure in your throat and relieves the spasm.
- If your blood pressure starts raising to concerning high levels, you will be given lorazepam to bring it down to normal. Lorazepam is a benzodiazepine and a controlled substance. It can cause sedation, decreased anxiety, and dependency. Dependence is unlikely as you will be given only 2 doses at the most. Lorazepam is contraindicated with alcohol. Hypertension (high blood pressure) is associated with an increased risk of heart attack and stroke, so we have to treat it if it occurs.
- If you have visual hallucinations, it means your dose is too high and should be decreased by 50%. The hallucinations can be disconcerting but are not dangerous and will subside on their own. If you become frightened by the hallucinations, we can administer a dose of olanzapine, an antipsychotic, which will stop the hallucinations. Olanzapine has the side effect of sedation. You will not experience any of the other side effects because you will only be taking it once - and they are long term side effects.

\_\_\_\_ I consent to the administration of epinephrine, diphenhydramine, or lorazepam should I develop a concerning reaction during my induction. I consent to be placed in a position that alleviates my symptoms.

\_\_\_\_ I agree to abstain from alcohol 24 hours before I come for my induction.

\_\_\_\_ I agree to the administration of olanzapine if I start to experience frightening hallucinations.

I attest to Dr. Belsare at Contemplative Medicine that I am not prescribed or taking any of the medications listed below and have been informed that these medications may have serious interactions with Ketamine and I should avoid them.

- abametapir
- apalutamide
- benzhydrocodone/  
acetaminophen
- calcium/magnesium/  
potassium/sodium  
oxybates  
(Xywav)
- clarithromycin
- conivaptan
- doxapram
- elvitegravir/cobicistat/  
emtricitabine/tenofovir DF
- ephedrine
- epinephrine  
racemic
- fentanyl
- fentanyl intranasal
- fentanyl  
transdermal
- fentanyl  
transmucosal
- fexinidazole
- hydrocodone
- idelalisib
- isocarboxazid
- itraconazole
- ivosidenib
- memantine
- metoclopramide  
intranasal
- mifepristone
- nefazodone
- norepinephrine
- phenelzine
- phenylephrine PO
- posaconazole
- rasagiline
- selegiline
- sodium oxybate
- sufentanil SL
- tranlycypromine
- tucatinib
- voriconazole
- voxelotor

Required testing includes:

1. baseline liver function tests, including alkaline phosphatase and gamma-glutamyl transferase, and every 12 months after
2. 12 lead ECG to screen for arrhythmia at baseline every 12 months after
3. Pregnancy test if you are female - you need to be on dependable birth control during your treatment with ketamine as it can be toxic to a fetus.
4. Medication interaction search

\_\_\_\_ I understand the above and agree to proceed with low-dose ketamine treatment for refractory depression and/or chronic pain.

\_\_\_\_ I agree to follow dosing instructions precisely.

\_\_\_\_ I agree to not share or sell my medication.

\_\_\_\_ I agree to keep my medication in a safe storage place out of the reach of children, substance abusers, and others who may not be trustworthy.

\_\_\_\_ I agree to not operate a motor vehicle or bicycle until the next day after my first dose of ketamine after a restful sleep. I will not drive after subsequent administrations

of ketamine, unless I am sure I am safe to drive and a trusted person agrees that I am fully alert, capable, and safe.

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

FOR STAFF

Client agrees to refrain from ingestion of ketamine prior to their initiation appointment.

Staff signature: \_\_\_\_\_