

SCOPE: ALS, CCT	
MEDICATION:	KETAMINE (Ketalar)
INTERVENTION:	<p><u>Classification:</u> General Anesthetic</p> <p><u>Actions:</u> Produces a dissociative state with analgesia, and modulation of central sensitization, hyperalgesia and opioid tolerance</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> • Known hypersensitivity • Conditions in which an increase in blood pressure would be hazardous • Infants <3 months of age <p><u>Precautions:</u></p> <ul style="list-style-type: none"> • Heart Failure/heart disease/hypertension • Upper airway infection increases risk of laryngospasm • Tracheal injury/stenosis • Thyroid disorder <p><u>Dosage:</u> (All administration doses <i>slow</i> push)</p> <ol style="list-style-type: none"> I. <u>RSI-Induction:</u> <ol style="list-style-type: none"> a. Adult/Pediatric: <ol style="list-style-type: none"> i. IV/IO: 2 mg/kg II. <u>Pain and Anxiolysis (Not Intubated):</u> <ol style="list-style-type: none"> a. Adult/Pediatric: <ol style="list-style-type: none"> i. IV/IO: 0.3-0.5 mg/kg every 5 min PRN III. <u>Pain and Anxiolysis (Intubated):</u> <ol style="list-style-type: none"> a. Adult/Pediatric: <ol style="list-style-type: none"> i. IV/IO: 1 mg/kg every 5 min PRN IV. <u>Agitated Delirium:</u> <ol style="list-style-type: none"> a. Adult/Pediatric: <ol style="list-style-type: none"> i. IM: 4 mg/kg x 1 up to max single dose 250 mg/5 ml <ol style="list-style-type: none"> 1. If inadequate response in 5 minutes administer 2 mg/kg x1 <p><u>Onset of Action:</u> IV: 30 seconds, IM: 3-4 minutes</p> <p><u>Duration:</u> Anesthetic effect: 5 to 10 minutes; Recovery: 1 to 2 hours</p> <p><u>Adverse Effects:</u> >10% experience confusion, delirium, excitement, hallucinations upon emergence, CSF pressure elevation</p> <p><u>Special Considerations:</u></p> <ol style="list-style-type: none"> I. Preferred induction agent in patients with bronchospasm, hypotension, status epilepticus and can be considered in burns I. Should not be the primary agent utilized in pain management II. Rapid and/or high dose IV infusion can lead to laryngospasm, hypertension, hypersecretions III. When utilized for agitated delirium prepare for possibility of advanced airway management

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

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