

Ketamine Orders for Refractory Pain

Verbal Orders are to be read back to prescriber

(Please use ball point pens ONLY and press firmly)

Allergies: _____

I. General Information

Restriction: Orders must be written by the Attending Physicians, Fellows or residents from the following services:

- Palliative
- Acute Pain Service
- Chronic Pain Service

Restricted to the following types of pain:

- Cancer
- Acute on Chronic
- Chronic

Ketamine potentiates the action of opioids and therefore careful monitoring of opioid requirement is necessary at initiation and upon dose changes. Consider opioid dose reduction if patients exhibit drowsiness or decreased respiratory rate.

II. Indications

Patient must have pain refractory to standard opioid and other adjunctive pain therapies.
 Patient must be alert and oriented x 3

Contraindications

Intracranial hypertension, glaucoma, seizures, receiving MOAIs

Precautions

Hypertension, cardiac failure, previous cardiovascular events and cerebrovascular accidents

III. Dosing

A. IV Bolus Dose (supplemental pain management)

Dose must be administered by physician from the designated services

May be administered by the resident on rotation with Palliative, Acute or Chronic Pain Service

- Ketamine 10 mg every 5 minutes. May repeat to a maximum of 40 mg
- Ketamine ____ mg IV every ____ min x ____ doses

B. IV Bolus Dose followed by Infusion

Dose must be administered by physician from the designated services

Infusion rate greater than 20 mg/hour requires transfer to ICU for monitoring (Exception may apply to particular Palliative patients per physician discretion)

- Ketamine 10 mg IV every 5 minutes. May repeat to a maximum of 40 mg and response should be used for infusion rate determination
- Ketamine ____ mg IV x ____ doses

C. IV Continuous Infusion

Infusion to be administered by the RN

No RANGE ORDERS

Recommended dose adjustment: increase or decrease by 10 mg/hour increments to a maximum of 40 mg/hour

- Ketamine 250 mg in 250 ml 0.9% NaCl at ____ mg/hour (Usual starting dose 10 mg/hour)

D. Oral Ketamine

Doses should be modified in 20 mg increments

Maximum recommended individual dose is 100 mg

- Ketamine ____ mg every ____ hours

IV. Monitoring

1. Assess and document pain intensity, respiratory rate, pulse oximetry, sedation, vital signs and side effects, upon initiation or dose adjustment, then every 30 minutes times 2, then every 1 hour for the first 4 hours, then every 4 hours (and PRN)
2. Monitoring parameters may be monitored or modified for palliative patients at the attending physician's discretion.
3. Notify physician if: If pain not improved, Modified Ramsey sedation score (for non-ICU patients) is greater than four, pulse ox less than 92 %, respiratory rate less than 8, systolic blood pressure less than 90 mmHg.
4. Notify physician for anesthetic related side effects: nystagmus, blurry vision, excessive lacrimation/salivation, tachycardia, hallucinations, and vivid dreams.

All 4 elements within this box must be completed		
Provider Signature: _____		
Provider #: _____	Date: _____	Time: _____
RN Signature: _____ Date: _____ Time: _____		

****SIGNATURE, CREDENTIALS, DATE AND TIME REQUIRED WITHIN 48 HOURS FOR VERBAL AND TELEPHONE ORDERS.****

Physician Orders



ORIGINAL - Medical Records
 WHITE - Pharmacy
 CANARY - Nursing

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