

DRAFT



MED – Ketamine for Refractory Neuropathic Pain/Cancer Pain or Hyperalgesia Adjunct

This order set is restricted and can only be used by Palliative/Hospice Care, Oncology, or Intensivist providers.

PATIENT CARE:

Monitoring:

- Vital signs: baseline, every 15 minutes for 1 hour, then every 4 hours during infusion.
- Sedation monitoring: baseline, every 15 minutes for 1 hour, then every 4 hours during infusion.
- Pain score: baseline, every 15 minutes for 1 hour, then every 4 hours during infusion.
- Restart vital signs, sedation and pain score monitoring with any dose adjustments.
- Pulse oximetry (IV infusion only): baseline, every 15 minutes for 1 hour, then every 4 hours during infusion.

Notify Provider

- SBP greater than 170 mmHg
- DBP greater than 90 mmHg
- Heart Rate greater than 110 beats/minute
- For any inability to arouse, agitation or confusion
- For pain score greater than 7
- For pulse oximetry less than 86%

MEDICATIONS:

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Only
Select
One
 - Ketamine 0.5 mg/kg PO every 6 hours (scheduled)
 - Ketamine IV continuous infusion:
 - Start at 0.05 mg/kg/hour
 - Titrate by 0.05 mg/kg/hour every 4 hours until at goal rate of _____ mg/kg/hour (max 0.3 mg/kg/hour)
 - Ketamine subcutaneously continuous infusion:
 - Start at 0.08 mg/kg/hour
 - Titrate by 0.08 mg/kg/hour every 8 hours until at goal rate of _____ mg/kg/hour (max 0.4 mg/kg/hour)
- {
Only
Select
One
 - Lorazepam (Ativan) 1 mg IV every 4 hours (scheduled)
 - Lorazepam (Ativan) 1 mg PO every 4 hours (scheduled)
 - Lorazepam (Ativan) 0.5 mg subcutaneously every 8 hours (scheduled)
 - Lorazepam (Ativan) 1 mg IV every 2 hours as needed for delirium/hallucinations
 - Lorazepam (Ativan) 1 mg PO every 2 hours as needed for delirium/hallucinations
 - Haloperidol (Haldol) 1 mg IV every 4 hours as needed for delirium/hallucinations
 - Haloperidol (Haldol) 1 mg PO every 4 hours as needed for delirium/hallucinations

Provider Signature: _____ Date: _____