

## KETAMINE (KETALAR™)

<b>THERAPEUTIC EFFECTS</b>	Dissociative Sedation Agent & Anesthetic
<b>INDICATIONS</b>	<p>Sedation Agent Used for:</p> <ol style="list-style-type: none"> <li>1. Excited Delirium or severe agitation interfering with necessary patient assessment and/or treatment</li> <li>2. OSI: To induce sedation prior to endotracheal intubation</li> <li>3. As adjunct for pain control if hypotension is anticipated</li> </ol>
<b>CONTRAINDICATIONS</b>	<p>Contraindications include:</p> <ol style="list-style-type: none"> <li>1. Hypersensitivity to Ketamine/Ketalar</li> <li>2. Patients in whom a significant elevation of blood pressure would constitute a serious hazard</li> <li>3. Acute ocular/globe injuries or glaucoma</li> </ol>
<b>PRECAUTIONS/SIDE EFFECTS</b>	<p>Patients receiving Ketamine may:</p> <ol style="list-style-type: none"> <li>1. Develop hypertension and/or tachycardia</li> <li>2. Develop hypersalivation</li> <li>3. Develop laryngospasm</li> <li>4. Experience emergence phenomenon presenting as anxiety, agitation, or apparent hallucinations</li> <li>5. Develop nausea/vomiting</li> </ol>
<b>ADULT DOSAGE/ROUTE</b>	<ol style="list-style-type: none"> <li>1. Indication 1: Initial dose- 4 mg/kg IM (max dose 400mg); Maintenance dose: 1 mg/kg IV/IO slow push over 60 seconds</li> <li>2. Indication 2: 2 mg/kg IV/IO slow push over 60 seconds</li> <li>3. Indication 3: 0.2 mg/kg IV/IO slow push over 60 seconds</li> </ol>

<p><b>PEDIATRIC DOSAGE/ROUTE        (FOR CHILDREN 5 YEARS AND OLDER)</b></p>	<ol style="list-style-type: none"> <li>1. Indication 1: Initial dose- 4 mg/kg IM (max dose 400mg); Maintenance dose: 0.5-1 mg/kg IV/IO slow push over 60 seconds</li> <li>2. Indication 2: 1 mg/kg IV/IO slow push over 60 seconds</li> <li>3. Indication 3: 0.2 mg/kg IV/IO slow push over 60 seconds</li> </ol>
<p><b>SPECIAL CONSIDERATIONS</b></p>	<ol style="list-style-type: none"> <li>1. Excited delirium is a medical emergency. Expedite rapid and safe transport.</li> <li>2. Experience emergence phenomenon presenting as anxiety, agitation or apparent hallucinations</li> <li>3. All IV/IO dosing should be administered slowly over 60 seconds. Rapid administration will cause respiratory depression.</li> <li>4. Oral suctioning is effective in managing hypersalivation.</li> <li>5. Be prepared for OSI to manage laryngospasm should the patient's airway become compromised.</li> <li>6. Full vital signs including EtCo2, cardiac monitor, and SpO2 required Q5 min following administration of Ketamine.</li> <li>7. Initial temperature in any suspected excited delirium should be obtained.</li> <li>8. Initiate active cooling procedures with elevated temperature.</li> </ol>