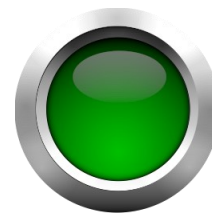


Ketamine SOP

PGD

Further reading

<https://bnf.nice.org.uk/drug/ketamine.html>
NICE CG39 - Major trauma assessment and initial management
GNAAS Ketamine PGD



Indications

- i) Analgesia for severe pain
- ii) Procedural sedation
- iii) Induction and maintenance of anaesthesia - **HEMS Team Only**
- iv) Life-threatening asthma - **HEMS Team Only**

Effects and side-effects

An NMDA receptor antagonist that provides a dose-dependant dissociative state, in combination with sympathomimetic effects such as tachycardia, hypertension, bronchodilation. May cause GI upset including vomiting. Sub-anaesthetic doses cause significant dysphoria which can include unpleasant hallucinations. Rarely can lead to laryngospasm.

Presentation

A clear and colourless solution of 500mg ketamine in 10mls (50mg/ml). This is currently the only concentration carried by GNAAS.

Intravenous administration requires further dilution to 10mg/ml

For intramuscular or intranasal administration use undiluted



Ketamine SOP

PGD

Administration

For all ages:

Severe pain

0.25mg/kg by intravenous or intraosseous injection, repeated as required

1mg/kg by intranasal route, repeated as required

Procedural sedation

IV/IO 0.5mg/kg (consider divided doses in frail/compromised)

Intranasal 2mg/kg

Intramuscular 4mg/kg

Repeated divided doses may be required for more protracted cases

PHEA induction

Usually 1-2mg/kg via intravenous or intraosseous route. Rarely, higher doses up to 3mg/kg may be required in 'excitatory' conditions (e.g. status epilepticus/burns)

Small doses may be used at regular intervals to maintain anaesthesia during transport, particularly in unstable patients in whom midazolam/morphine may worsen hypotension.

Life-threatening asthma

0.5mg/kg via the intravenous or intraosseous route may improve symptoms in life-threatening asthma avoiding the need for intubation.

However, it is strongly recommended that all preparations for PHEA including the kit-dump and checklist have already been done if at this stage. Failure to respond will require rapid conversion to intubation and ventilation.

Contra-indications

In the context of the emergency presentations likely to be encountered by GNAAS, the only absolute contraindication is known anaphylaxis to ketamine.