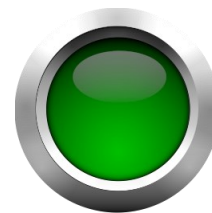


Ketamine SOP

Para - PGD

Further reading

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



Indications

1. Analgesia for severe pain
2. Procedural sedation / rapid tranquilisation
3. Induction of PHEA - **Doctor Only**
4. Post-intubation sedation
5. Life-threatening asthma - **Doctor Only**

Effects and side-effects

An NMDA receptor antagonist that provides a dose-dependent 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

Para - PGD

Administration

Severe pain

0.25mg/kg by IV or IO injection, repeated as required

Alternatively, 1mg/kg by intranasal route (undiluted), repeated as required

Procedural sedation / rapid tranquilisation

IV/IO 0.5mg/kg. Consider divided doses in frail/compromised.

Intranasal 2mg/kg (undiluted)

Intramuscular 4mg/kg (undiluted)

Repeated divided doses may be required for more protracted cases

PHEA and post-intubation sedation

PHEA induction dose: 1-2mg/kg by IV or IO injection. Rarely, higher doses up to 3mg/kg may be required in 'excitatory' conditions (e.g. status epilepticus/burns).

For ongoing sedation after intubation: By intravenous infusion of a 10mg/ml solution. Starting rate 0.1mls/kg/hr. Please refer to the Sedation by infusion SOP.

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.

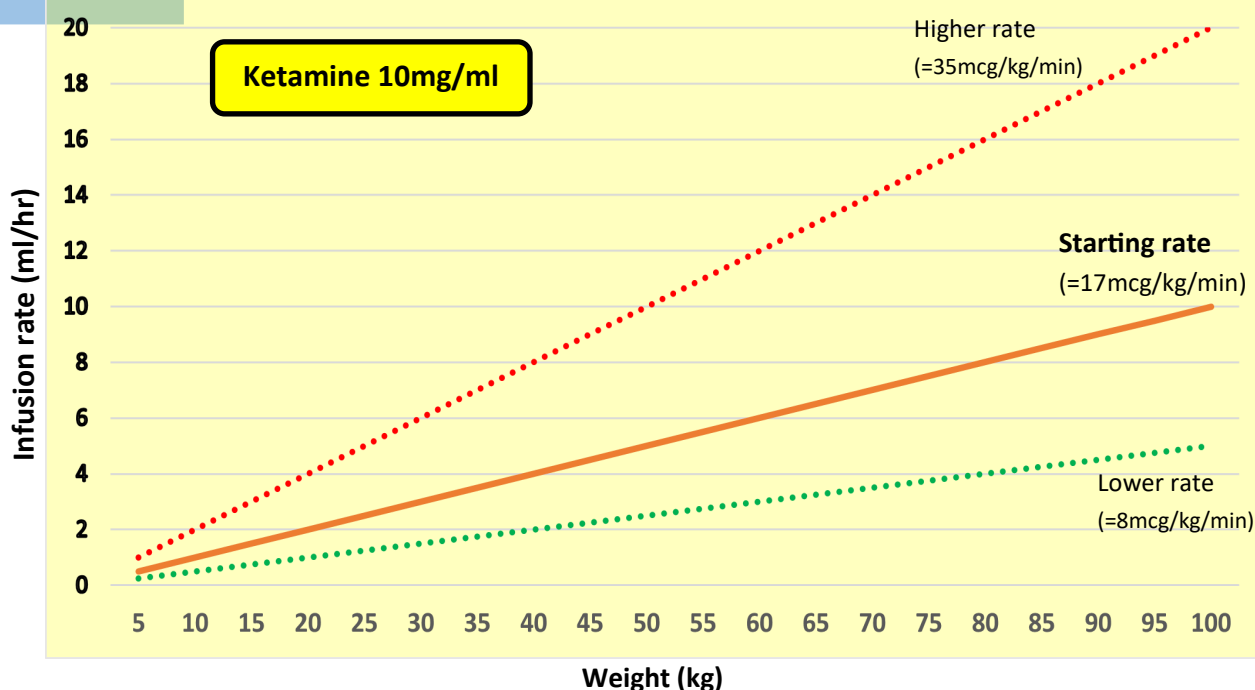
Contra-indications

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



Ketamine SOP

Para - PGD



Total Body Weight (kg)	Ketamine Starting Rate (ml/hr)	Lower rate (ml/hr)	Higher rate (ml/hr)
5	0.5	0.25	1
10	1	0.5	2
15	1.5	0.75	3
20	2	1	4
25	2.5	1.25	5
30	3	1.5	6
35	3.5	1.75	7
40	4	2	8
45	4.5	2.25	9
50	5	2.5	10
55	5.5	2.75	11
60	6	3	12
65	6.5	3.25	13
70	7	3.5	14
75	7.5	3.75	15
80	8	4	16
85	8.5	4.25	17
90	9	4.5	18
95	9.5	4.75	19
100*	10	5	20

* For patients >100kg, use the values for a 100kg patient