

GENERIC SUBSTITUTE UNLESS CHECKED

**ORDERS ARE IN EFFECT UNLESS CROSSED OUT.**  
Exceptions: Orders preceded by a box () require a ✓ to initiate order.  
Orders with blanks indicate additional information is needed.

\*Patient name: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Date \_\_\_\_\_ \*Diagnosis:  Complex regional pain syndrome G90.5  Chronic pain G89.4  
 Chronic pancreatitis K86.1  Other (specify) \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Time \_\_\_\_\_

**Ketamine IV infusion may be administered for up to 10 hours**

Frequency: Every 2 weeks or \_\_\_\_\_

- Perform vital sign, pain and sedation assessments per hospital policy
- Monitor continuous pulse oximetry, if tolerated
- Bolus with 0.15 mg/kg over 15 minutes, and
- Begin infusion at 0.1 mg/kg/hr
- If side effects are acceptable, increase by 0.1 mg/kg/hr every hour, up to 0.3 mg/kg/hr
- Reduce the rate for unacceptable side effects, i.e. RASS -2 or lower, or patient complaint:
  - Stop ketamine until side effects are tolerable
  - Resume at 0.05 mg/kg/hr lower rate
  - Do not bolus
  - Subsequent infusions start at highest tolerated rate

PRN medications may be administered prophylactically before ketamine if patient had side effect with a previous dose:

- Ondansetron 4 mg IV Q6 hours PRN nausea
- Acetaminophen 1,000 mg PO Q6 hours PRN headache
- Clonidine 0.1 to 0.3 mg PO Q6 hours PRN systolic BP > 180 or MAP > 125

\_\_\_\_\_  
\*Physician signature

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Time

\*Denotes field that must be completed by healthcare worker

**FAX order form to 503-815-7515**



Physician Order

Physician Order:  
Ketamine IV Infusion  
Adventist Health Tillamook  
1000 Third St., Tillamook OR 97141

{ Patient label }