

Ketamine IV Infusion dosing steps every 2 weeks for pain

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

The following warnings are being suppressed within this plan:

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 14 days		Until discontinued
Infuse up to every two weeks as needed for pain.			

Relative contraindications include the following: Unstable coronary disease, pregnancy, psychosis, severe hepatic disease, elevated intracranial pressure, uncontrolled elevated intraocular pressure or poorly controlled hypertension.

Pre-Medications

☒ acetaminophen (Tylenol) tablet 975 mg	Every 14 days		Until discontinued
975 mg, oral, Once as needed, headaches, Starting when released, Until Discontinued			
☒ ondansetron (Zofran) IV 4 mg	Every 14 days		Until discontinued
4 mg, intravenous, Every 6 hours PRN, nausea / vomiting - 1st line, Starting when released, Until Discontinued			
☒ cloNIDine (Catapres) tablet 0.1 mg	Every 14 days		Until discontinued
0.1 mg, oral, Every 6 hours PRN, high blood pressure, Systolic BP > 180 or MAP > 125, Starting when released, Until Discontinued			
Systolic BP > 180 or MAP > 125			

Therapeutic Medications

☒ Nursing communication	Every 14 days		Until discontinued
Until discontinued Starting when released Until Specified			
Proceed through dosing steps 1-4 as tolerated.			

Do not advance to the next step until patient tolerates a complete infusion at the maximum rate of the present step.

Monitor vitals prior to infusion, every 30 min during infusion and for 30 minutes post infusion. Monitor sedation (e.g., POSS, RASS, CPOT, per site practice) every 30 minutes.

☒ ketamine infusion 2 mg/kg	Every 14 days		Until discontinued
2 mg/kg, intravenous, Continuous, Starting when released, Until Discontinued			
Analgesic dosing. If patient reports adequate control of pain, advancement through steps may stop (patient may continue at rate that confers adequate control).			

	Interval	Defer Until	Duration
Step 1: Bolus 0.15 mg/kg over 15 minutes and infuse 0.1mg/kg/hr - Increase by 0.1 mg/kg/hr every 1 hour as tolerated, up to 0.3 mg/kg/hr for 1 hour Step 2: Bolus 0.15 mg/kg over 15 minutes while infusing at 0.3 mg/kg/hr Step 3: Infuse at 0.4 mg/kg/hr for 1 hour Step 4: Infuse at 0.5 mg/kg/hr until total dose is reached			
For intolerable side effects (e.g., nausea, headache, anxiety), pause infusion until resolved, then resume at dose reduced by 0.05 mg/kg/hr. Titration Goal: Other (comment) Explanatory comment: Pain adequately controlled			
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued

	Interval	Defer Until	Duration
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 14 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 480 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time

 *Provider phone#

***Denotes field that must be completed by healthcare worker**