

KETAMINE (KETALAR™)

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

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