

Ketamine (Ketalar)

[Adult Pain Management](#)
[Pediatric Pain Management](#)
[Post ROSC Care](#)

P	Adult	0.5 mg/kg IN (max single dose 25 mg; max cumulative dose 100mg) 0.25 mg/kg IM q 10 minutes (max single dose 25 mg; max cumulative dose 100mg) 0.2 mg /kg IV SIVP over 3-5 minutes every 10 minutes(max single dose 25 mg; max cumulative dose 100 mg)
	Pediatric 3-12 years	0.5 mg/kg IN (max dose 25mg) 0.25 mg/kg IM q 10 minutes (max dose 25 mg) 0.2 mg /kg IV SIVP over 3-5 minutes every 10 minutes(max dose

[Chemical Sedation for the Agitated and Delirious Patient](#)

P	Adult	4mg/kg IM DO NOT GIVE TO PATIENTS < 12 years old
---	-------	---

[Airway Management and Intubation Guideline/ Post Intubation Pain Control and Sedation](#)

P	Adult	1. Bolus: 1-2 mg/kg IV/IO minimum of 100mg and max of 250 mg given over 1-2 minutes, repeat every 10 minutes as needed. 2. Infusion: CONSIDER FOR CALLS WITH > 1 HOUR TRANSPORT TIME (mix Ketamine 500mg in 100ml of normal saline) a. Administer bolus, then begin infusion: b. 0.5- 5mg/kg/hr, titrate to patient comfort and tolerance of advanced airway
---	-------	---

****Ketamine
is currently a
special skill:
ONLY GIVEN
BY AN AAS
Paramedic**

Class:

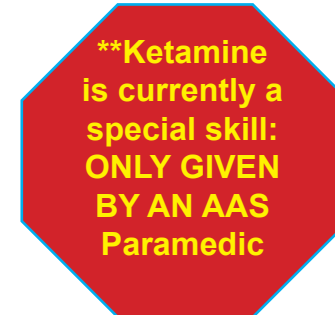
- PCP derivatives, sedative hypnotic, analgesic, dissociative anesthetic

Description of Use:

- Non-competitive NMDA receptor antagonist causing a dissociative state
- Analgesia in patients with pain
- Sedation in patients with excited delirium syndrome
- Ketamine is associated with increased cardiac output, blood pressure, HR, and is a beta2-agonist

Pharmacokinetics: (Route: IV)

- Onset: 30-90 seconds
- Peak: 1-2 minutes
- Duration: 5-20 minutes
- Half-life: 2-3 hours

**Special Populations:**

- Pregnancy Category: C
- Children: Do not give to patients < 3 months old
- Elderly: No age related precautions noted

Contraindications:

- Relative: Ischemic chest pain, thyrotoxicosis, known history of schizophrenia
- Cautions: Thyroid disorder, glaucoma, acute globe injury

Adverse reactions:

- HTN, tachycardia, hallucinations (emergence reaction), increased oral secretions
- Too-rapid IV administrations may produce apnea or respiratory depression, transient laryngospasm, severe hypotension, hypersalivation, emesis, or irregular muscular movements
- Emesis occurs more frequently with IM
- Occurs during recovery period
- Consider Midazolam for emergence reaction
- Consider Atropine 0.5 mg for hypersalivation/increased oral secretions

Treatment of Overdose:

- Supportive care, activated charcoal, benzodiazepines for seizures. No antidote