

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 }