



Ketamine infusion attachment

This is a specialised analgesic technique and may only be initiated by the Children's Pain Management Service

Weight: _____ kg

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE 

Guidelines

Ketamine

- Add **5 mg / kg** to a total volume of **50 mL** diluent of choice (any IV maintenance solution of electrolytes and/or glucose) to make infusion.
- An initial bolus is NOT usually given. If severe pain, consider **1 mL** bolus and repeat in 5 minutes if required.
- Infuse at **0–4 mL / hr**: equivalent to 0–400 microgram/kg/hr (= 0–6.7 microgram/kg/minute). Usual starting infusion rates are **1–2 mL / hr**.
- Ketamine may improve analgesia substantially. Thus, if patient is receiving concurrent opioid infusion, watch for respiratory depression and consider decreasing opioid rate.

Medical instructions

Tick if instructions differ from guidelines

1. Add _____ **mg** of Ketamine to a total of **50 mL** of _____
2. Infuse from _____ **mL / hr** to _____ **mL / hr** as required for analgesia
3. (OPTIONAL) Administer initial bolus _____ **mL** of infusion. Repeat _____ **mL** of infusion in 5 minutes if required
4. Start infusion at _____ **mL / hr**

The infusion rate can only be increased beyond 2 mL / hr after discussion with the Children's Pain Management Service

5. Administer **1–2 mL** bolus of infusion every **30–60 minutes** as needed for severe or escalating pain
6. Please notify CPMS if requiring more than **3** boluses in a two hour period
7. Notify doctor if respirations less than _____ per minute or sedation score ≥ 3

If Ketamine side effects are suspected (respiratory depression, significant sedation, hallucinations or bad dreams)

- STOP the infusion
- CALL **MET 777** if required
- Notify CPMS (page 5773)

Prescriber's signature _____ Print name _____ Date _____

Record of infusion (please sign for each new syringe)

Date	Time	Initials	Initials	Date	Time	Initials	Initials

Infusion ceased: Date _____ Time _____

Pharmacy initials	
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See overleaf for record of rate changes and bolus doses given

For more details please read the 'Ketamine infusion guidelines' in the Children's Pain Management Service guidelines on The Royal Children's Hospital intranet.

Record of infusion rate changes and/or bolus doses given

Date	Time	Reason for rate change / bolus	Response	Initials
Rate change	Bolus given (mL)			
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Rate change	Bolus given (mL)			



Ketamine infusion attachment

This order is not valid unless securely attached to designated area on MHS2