

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility: _____

KETAMINE INFUSION OBSERVATION CHART (ADULT)

DATE	TIME

PAIN SCORE Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing

Worst possible pain	10	9	8	7	6	5	4	3	2	1	0
Severe pain											
Moderate pain											
Mild pain											
No pain											

If PCA in use, document pain scores on PCA chart only

Dysphoric adverse effects present Yes No

Infusion rate (hourly) mg or mL (Circle one)

Ketamine pump program checked and correct (initial)

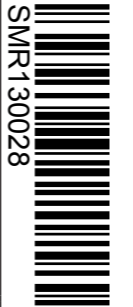
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)

COMMENTS

INITIAL(s): (two initials required for change of infusion rate)



Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING



SMR130028

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
 Nil known Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials

Sign.....Print.....Date.....

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. NOT A VALID	
ADDRESS		
LOCATION		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

1st prescriber to print patient name and check label correct: _____
Medical referral to Pain Service Referring doctor Signature: _____
Date: _____

KETAMINE PRESCRIPTION is valid for a maximum of 4 days unless ceased earlier.
Observations for this patient to be recorded: 2 hourly OR 4 hourly

Route	Drug Print 'ketamine'	Amount (mg)	Additional drug	Amount (mg or microgram)	Diluent	Total volume (mL)
Concentration mg per mL		Infusion rate mg per hr and mL per hour		Infusion range (if applicable)		
per mL = .....		.....mg per hour		Range FROM: .....mg per hour TO .....mg per hour		
per mL = .....		.....mL per hour		=mL per hour .....mL per hour		
Date:	Prescriber's signature & print name:				Pharmacy:	

REVISED PRESCRIPTION is valid for a maximum of 4 days unless ceased earlier.

Route	Drug Print 'ketamine'	Amount (mg)	Additional drug	Amount (mg or microgram)	Diluent	Total volume (mL)
Concentration mg per mL		Infusion rate mg per hr and mL per hour		Infusion range (if applicable)		
per mL = .....		.....mg per hour		Range FROM: .....mg per hour TO .....mg per hour		
per mL = .....		.....mL per hour		=mL per hour .....mL per hour		
Date:	Prescriber's signature & print name:				Pharmacy:	

REVISED PRESCRIPTION is valid for a maximum of 4 days unless ceased earlier.

Route	Drug Print 'ketamine'	Amount (mg)	Additional drug	Amount (mg or microgram)	Diluent	Total volume (mL)
Concentration mg per mL		Infusion rate mg per hr and mL per hour		Infusion range (if applicable)		
per mL = .....		.....mg per hour		Range FROM: .....mg per hour TO .....mg per hour		
per mL = .....		.....mL per hour		=mL per hour .....mL per hour		
Date:	Prescriber's signature & print name:				Pharmacy:	

KETAMINE INFUSION
prescription and observation chart (ADULT)

SMR130.028

Record of ketamine administration and ketamine discarded

Record of ketamine administration					Record of ketamine discarded				
	Date	Time	Signature 1	Signature 2	Date	Time	Total ketamine discarded (mL or mg)	Signature 1	Signature 2
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

KETAMINE INFUSION
prescription and observation chart (ADULT)

SMR130.028

211112

Ketamine Infusion Management Guidelines

(Refer to local hospital policy for ketamine infusion management information)

1. **Observations** on this form to be recorded either 2 hourly or 4 hourly as indicated on the prescription section of this form or more frequently if patient's clinical condition warrants.
 - If PCA (Patient controlled analgesia) in use, document pain scores on the PCA chart only. Record observations according to PCA management guidelines.
2. **The infusion pump settings** to be checked at the commencement of each shift, on patient transfer and when the syringe or bag is changed.
3. **Managing dysphoric effects** such as hallucinations, unpleasant dreams or visual disturbances: contact the relevant pain service or equivalent medical officer. Patients usually respond to dose reduction of the ketamine infusion or the addition of a benzodiazepine (e.g. midazolam).
4. **The cannula site (subcutaneous or intravenous)** must be checked each shift for signs of redness, swelling or tenderness

THESE INSTRUCTIONS EXPLAIN WHEN TO MAKE A CLINICAL REVIEW OR RAPID RESPONSE CALL, YOUR LOCAL ESCALATION PROTOCOL WILL EXPLAIN HOW TO MAKE A CALL

**KETAMINE
INFUSION
(ADULT)**

Clinical Review Criteria:

- **New, increasing or uncontrolled pain**
- **Dysphoric adverse effects** such as hallucinations, unpleasant dreams or visual disturbances.

IF A PATIENT HAS ANY ONE (1) OR MORE CLINICAL REVIEW CRITERIA PRESENT, YOU MUST CONSULT PROMPTLY WITH THE NURSE OR MIDWIFE IN CHARGE AND ASSESS WHETHER A CLINICAL REVIEW IS NEEDED (REFER TO YOUR LOCAL ESCALATION PROTOCOL) AND

1. You must initiate appropriate clinical care
2. Contact the relevant pain service or equivalent medical officer
3. Repeat and record observations as indicated by the patient's condition, but at least within 30 minutes
4. You may call for a clinical review at any time if worried about a patient or unsure whether to call

IN THE EVENT THAT A REVIEW BY THE RELEVANT PAIN TEAM OR EQUIVALENT MEDICAL OFFICER IS NOT POSSIBLE, CALL FOR A CLINICAL REVIEW

Ketamine infusion to be ceased according to instructions in the medical record:

Date: Time:

Contact person – business hours	Contact person – out of hours
Acute Pain Service or other (specify):.....	Acute Pain Service or other (specify):.....
Page / Phone:	Page / Phone:

211112

FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

KETAMINE INFUSION OBSERVATION CHART (ADULT)

DATE																	
TIME																	
PAIN SCORE Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing																	
<table border="0"> <tr> <td>Worst possible pain</td> <td>10</td> </tr> <tr> <td rowspan="3">Severe pain {</td> <td>9</td> </tr> <tr> <td>8</td> </tr> <tr> <td>7</td> </tr> <tr> <td rowspan="3">Moderate pain {</td> <td>6</td> </tr> <tr> <td>5</td> </tr> <tr> <td>4</td> </tr> <tr> <td rowspan="3">Mild pain {</td> <td>3</td> </tr> <tr> <td>2</td> </tr> <tr> <td>1</td> </tr> <tr> <td>No pain</td> <td>0</td> </tr> </table>	Worst possible pain	10	Severe pain {	9	8	7	Moderate pain {	6	5	4	Mild pain {	3	2	1	No pain	0	
Worst possible pain	10																
Severe pain {	9																
	8																
	7																
Moderate pain {	6																
	5																
	4																
Mild pain {	3																
	2																
	1																
No pain	0																
<table border="1"> <tr> <td rowspan="2">Dysphoric adverse effects present</td> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Dysphoric adverse effects present	Yes		No													
Dysphoric adverse effects present		Yes															
	No																
Infusion rate (hourly) mg or mL (Circle one)																	
Ketamine pump program checked and correct (initial)																	
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)																	
COMMENTS																	
INITIAL(s): (two initials required for change of infusion rate)																	

FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

KETAMINE INFUSION OBSERVATION CHART (ADULT)

DATE																	
TIME																	
PAIN SCORE Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing																	
<table border="0"> <tr> <td>Worst possible pain</td> <td>10</td> </tr> <tr> <td rowspan="3">Severe pain {</td> <td>9</td> </tr> <tr> <td>8</td> </tr> <tr> <td>7</td> </tr> <tr> <td rowspan="3">Moderate pain {</td> <td>6</td> </tr> <tr> <td>5</td> </tr> <tr> <td>4</td> </tr> <tr> <td rowspan="3">Mild pain {</td> <td>3</td> </tr> <tr> <td>2</td> </tr> <tr> <td>1</td> </tr> <tr> <td>No pain</td> <td>0</td> </tr> </table>	Worst possible pain	10	Severe pain {	9	8	7	Moderate pain {	6	5	4	Mild pain {	3	2	1	No pain	0	
Worst possible pain	10																
Severe pain {	9																
	8																
	7																
Moderate pain {	6																
	5																
	4																
Mild pain {	3																
	2																
	1																
No pain	0																
<table border="1"> <tr> <td rowspan="2">Dysphoric adverse effects present</td> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Dysphoric adverse effects present	Yes		No													
Dysphoric adverse effects present		Yes															
	No																
Infusion rate (hourly) mg or mL (Circle one)																	
Ketamine pump program checked and correct (initial)																	
Subcutaneous or IV cannula site secure, no signs of inflammation (check 8 hourly)																	
COMMENTS																	
INITIAL(s): (two initials required for change of infusion rate)																	



Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

