

KETAMINE POCKET CARD

This patient initially presented in a state of excited delirium or violent psychosis and required pharmacologic intervention to provide rapid sedation for the safety of the patient and paramedics. **The agent used in this case was ketamine (IM 3 – 5 mg/kg).** The South Western Ontario Regional Base Hospital Program recognizes that not all care providers will be familiar with ketamine use for this purpose and therefore, we are providing a brief information sheet.

Ketamine is typically termed a “dissociative agent” as it has the ability to provide rapid analgesia and amnesia while maintaining protective airway reflexes and stable cardiorespiratory status. A patient under the effects of a significant dose of ketamine **will maintain adequate oxygenation and ventilation.** They will be unresponsive while commonly exhibiting spontaneous eye opening. The duration of action is normally on the order of 15 – 25 minutes.

For further questions, please contact

Dr. Paul Bradford | paul.bradford@wrh.on.ca
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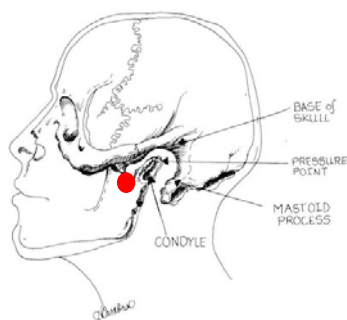
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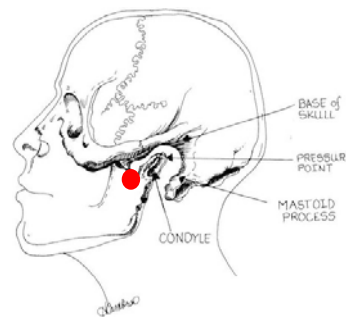
There are 3 main (and rare) complications of high-dose ketamine administration:

- **Increased secretions:** Ketamine can cause an increase in secretions and generally will require no more than suctioning on occasion to ensure airway protection.
- **Laryngospasm:** This is the most concerning undesired side effect of ketamine administration. To manage this rare complication (< 1% of sedations), **one should perform a laryngospasm notch maneuver by placing bilateral pressure on the soft tissue immediately posterior to the ear lobes combined with a jaw-thrust maneuver.** This maneuver may break the laryngospasm. Positive pressure ventilation via BVM should be utilized if necessary. In most cases of laryngospasm, this will be all that is required. In extremely rare cases, RSI may be required.
- **Emergence reaction:** This may occur as the effects of ketamine begin to clear. On occasion, patients can experience hallucinations and/or agitation. No specific treatment is required for emergence reactions other than supportive care and approximately 15 – 20 minutes for it to pass.



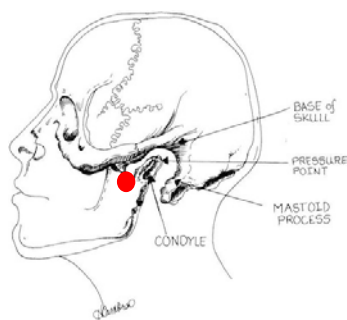
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