

<p>UMC Health System</p> <p>SUB-ANESTHETIC KETAMINE INFUSION FOR PALLIATIVE CARE</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vital Signs
 T;N, Per Unit Standards, Take vitals at start of infusion and then every 15 minutes. Repeat for any dose titration.

Communication

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Place patient on cardiac monitor

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Assess pain and RASS every 15 minutes x2 after each bolus and with each titration

Notify Provider (Misc)
 T;N, Reason: For sedation score trending towards -3 on RASS scale, worsening pain control, and after administering any PRN medication from this plan

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Reduce basal opioid infusion rate by 50% prior to initiation of ketamine bolus

midazolam
 2 mg, IVPush, inj, ONE TIME
 Give 5 minutes prior to administration of ketamine

The ketamine infusion MUST be scheduled in advance with the PACU charge nurse. Please call 775-8686 to schedule the infusion.

ketamine
 0.1 mg/kg, IVPush, inj, ONE TIME
 Reduce basal opioid infusion rate by 50% prior to initiation of ketamine bolus
 0.2 mg/kg, IVPush, inj, ONE TIME
 Reduce basal opioid infusion rate by 50% prior to initiation of ketamine bolus
 0.3 mg/kg, IVPush, inj, ONE TIME
 Reduce basal opioid infusion rate by 50% prior to initiation of ketamine bolus
 0.4 mg/kg, IVPush, inj, ONE TIME
 Reduce basal opioid infusion rate by 50% prior to initiation of ketamine bolus
 0.5 mg/kg, IVPush, inj, ONE TIME
 Reduce basal opioid infusion rate by 50% prior to initiation of ketamine bolus

ketamine 250 mg/50 mL NS - Fixed
 Start at rate: _____ mg/kg/hr IV

ketamine
 0.2 mg/kg, IVPush, inj, ONE TIME, PRN other
 If the patient exhibits minimal response 30 minutes after the first bolus and infusion initiation

naloxone

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

SUB-ANESTHETIC KETAMINE INFUSION FOR PALLIATIVE CARE

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<input type="checkbox"/> 0.05 mg, IVPush, inj, q2min, PRN other PRN Respiratory Rate LESS than 12 breaths per minute May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL).
	chlorproMAZINE <input type="checkbox"/> 12.5 mg, IM, inj, q4h, PRN other PRN hallucinations <input type="checkbox"/> 25 mg, IM, inj, q4h, PRN other PRN hallucinations
	glycopyrrolate <input type="checkbox"/> 0.2 mg, IVPush, inj, q30min, PRN other PRN secretions
	labetalol <input type="checkbox"/> 5 mg, IVPush, inj, q1h, PRN hypertension Give for SBP greater than _____ and or DBP greater than _____. Do not give if HR less than 60. <input type="checkbox"/> 10 mg, IVPush, inj, q1h, PRN hypertension Give for SBP greater than _____ and or DBP greater than _____. Do not give if HR less than 60.
	LORazepam <input type="checkbox"/> 0.5 mg, IVPush, inj, ONE TIME, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, ONE TIME, PRN anxiety
	midazolam <input type="checkbox"/> 1 mg, IVPush, inj, q30min, PRN other PRN hallucinations <input type="checkbox"/> 2 mg, IVPush, inj, q30min, PRN other PRN hallucinations
Respiratory	
Continuous Pulse Oximetry	

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

