

KETAMINE



- **When:** Procedural sedation. Rapid sequence induction (RSI), and termination of status epilepticus. Effective analgesic and procedural pain, especially with prior narcotic exposure or ineffectiveness.
- **How:** NMDA-receptor antagonist → dissociative anesthesia and analgesia.

Indication	Bolus Dose (mg/kg)	Onset (secs)	Continuous Infusion (mg/kg/hr)	Titration (mg/kg/hr)	How Supplied	Pump
Analgesia/ Sedation	0.1-0.5	30-40	0.05-0.75	0.025 every 15 mins	500 mg in NS 50 mL	PCA*
Status epilepticus	1.5	30-40	2-10	by NCCU Provider	2500 mg in NS 250 mL	Large volume

- **Possible Adverse Effects:**

- Emergence reaction – vivid dreams/hallucinations that occur as ketamine wears off. Treatment: low dose midazolam (1-2 mg)
- Tonic-clonic movements, increased salivation and airway secretions, laryngospasm, hypertension, tachycardia