## Critical Care Guidelines FOR ICU USE ONLY

## **KETAMINE**



## For resistant status epilepticus only. For acute pain see "guideline for ketamine subcutaneous infusion for acute pain"

PRESENTATION:	Vials containing 500mg in 10ml, 50mg/1ml of ketamine.
INDICATION:	Resistant status epilepticus. (unlicensed use)
DOSE AND ADMINISTRATION:	The evidence on the use of ketamine, it is mostly based on isolated case reports. From the information available: Loading dose of 50mg.  Maintenance infusion of 1-5mg/kg/hr.
	ICU STANDARD INFUSION
	Loading dose: 50mg (1ml) undiluted, intravenously, over at least one minute.
	Continuous infusions: 2500mg in 50ml undiluted. For a 70kg patient, 1mg/kg/hr is 1.4ml/hr (70mg/hr).
	Ketamine does <b>not</b> need to be administered in a locked syringe in intensive care.
CONCENTRATION:	50mg/ml
STABILITY:	Physically and chemically stable for 24 hours at room temperature.

## References:

- 1. Kramer A.H. Early ketamine to treat refractory status epilepticus. Neurocrit Care (2012) 16: 299-305.
- 2. Shorvon S, Ferlisi M. The treatment of super-refractory status epilepticus. Brain. 2011;134(10):2802-2818.
- 3. Chen JWY, Wasterlain CG. Status epilepticus:pathophysiology and management in adults. Lancet Neurol 2006; 5:246-56.
- 4. Sheth RD, Gidal BE. Refractory status epilepticus: response to ketamine. Neurology. Dec 1998;51:1765.
- 5. Synowiec AS, Singh DS, Yenugadhati V, Valeriano JP, Schramke CJ et al. Ketamine use in the treatment of refractory status epilepticus. Epilepsy Research 2013 in press.
- 6. UKCPA Minimum Infusion Volumes. Critical Care Group 2012.

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ID:	Authors: Morag R Naysmith Checked by	
	Sheila Selkirk	
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