## Critical Care Guidelines FOR CRITICAL CARE USE ONLY



## **KETAMINE**

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

PRESENTATION:	Vial containing 500mg in 10ml, 50mg/ml of ketamine.					
INDICATION:	Resistant status epilepticus (unlicensed use).					
DOSE AND ADMINISTRATION:	The evidence on the use of ketamine is mostly based on isolated case reports. From the information available: Intravenous loading dose of 3mg/kg, using ideal body weight. Maintenance intravenous infusion of 1-5mg/kg/hr, using ideal body weight.  ICU STANDARD INFUSION  Loading dose: 3mg/kg intravenously, over at least one minute, then, Continuous infusion: 2500mg in 50ml undiluted.					
	IBW	Infusion rate (ml/hr)				
		1mg/kg/hr	2mg/kg/hr	3mg/kg/hr	4mg/kg/hr	5mg/kg/hr
	40kg	0.8ml/hr	1.6ml/hr	2.4ml/hr	3.2ml/hr	4.0ml/hr
	50kg	1.0ml/hr	2.0ml/hr	3.0ml/hr	4.0ml/hr	5.0ml/hr
	60kg	1.2ml/hr	2.4ml/hr	3.6ml/hr	4.8ml/hr	6.0ml/hr
	70kg	1.4ml/hr	2.8ml/hr	4.2ml/hr	5.6ml/hr	7.0ml/hr
	80kg	1.6ml/hr	3.2ml/hr	4.8ml/hr	6.4ml/hr	8.0ml/hr
	90kg	1.8ml/hr	3.6ml/hr	5.4ml/hr	7.2ml/hr	9.0ml/hr
	100kg	2.0ml/hr	4.0ml/hr	6.0ml/hr	8.0ml/hr	10.0ml/hr
	Administer intravenously via a central access device. Commence intravenous infusion at 1mg/kg/hr and titrate according to response (i.e achievement of burst suppression on the EEG).  Ketamine has a low pH and may cause venous irritation and tissue damage in cases of extravasation.  Ketamine does <b>not</b> need to be administered in a locked syringe in intensive					
CONCENTRATION:	care.		to be during		Joked Symig	o in intensive
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STABILITY:	Physically ar	nd chemically	/ stable for 24	4 hours at roo	om temperati	ure.

## References:

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