## 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. Use ideal body weight in obese patients.  Maintenance intravenous infusion of 1-5mg/kg/hr. Use ideal body weight in obese patients.  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 dain cases of extravasation.  Ketamine does <b>not</b> need to be administered in a locked syringe in integer.					nse (i.e sue damage
CONCENTRATION:	50mg/ml					
STABILITY:	Physically a from light.	nd chemicall	y stable for 2	24 hours at re	oom tempera	ature. Protect

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Title: KETAMINE	
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ID:	Smyth.
Category:	Document Version: 3.0
Status Draft/Final: Final	Review Date: November 2025
Authoriser: Lothian Critical Care	
QIT Editorial Group	Authorisation Date: November 2023
Date added to Intranet: November	
2023.	
Key Words	
Comments	