

**Critical Care Guidelines  
FOR CRITICAL CARE USE ONLY**



**KETAMINE  
For bronchodilation in asthma**

**PRESENTATION:** Vial containing 500mg in 10ml (50mg/ml) of ketamine

**INDICATION:** Refractory status asthmaticus in ventilated patients not responding to conventional treatments (unlicensed indication)

**DOSE AND ADMINISTRATION:**  
The evidence on the use of ketamine is mostly based on isolated case reports.

**ICU STANDARD CONTINUOUS INFUSION**

2500mg in 50mL (undiluted)

Start at 500micrograms/kg/hr and adjust rate according to the response. Maintenance infusion range is 0.15-2.5mg/kg/hr.

For a 70 kg patient 500micrograms/kg/hr is 0.7ml/hr (35mg/hr)

Administer intravenously via central access device.

Ketamine has a low pH and may cause venous irritation and tissue damage in cases of extravasation.

Ketamine does **not** 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. Summary of Product Characteristics, Ketamine 50mg/ml injection, Hameln pharmaceuticals, [www.medicines.org.uk/emc/product/6935/smpc](http://www.medicines.org.uk/emc/product/6935/smpc) last updated 20/03/2018
2. Injectable Medicines Guide online accessed on 21/09/2018
3. Stanley D, Tunnincliffe W, Management of life-threatening asthma in adults; Continuing Education in Anaesthesia Critical Care & Pain, Vol 8(3);2008;p95–99
4. Goyal S, Agrawal A, Ketamine in status asthmaticus: A review; Indian Journal of Critical Care Medicine, vol17(3); 2013;p 154-161

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