

# ANALGESIC MEDICATIONS (REFERENCE)

## KETAMINE

Nonbarbiturate anesthetic

Used by Combat Medics

For moderate to severe pain management in a casualty that IS in hemorrhagic shock or in respiratory distress or IS at significant risk of developing either condition.

#### DOSAGE(S):

50-100 mg (0.5-1 mg/kg) IN, repeat q 20-30 min prn; 50-100 mg (0.5-1 mg/kg) IM, repeat q 20-30 min prn; 20-30 mg (or 0.2-0.3 mg/kg) slow IV or IO push, repeat q 20 min prn

#### ROUTE(S):

IN, IM, IO & IV

### CONTRA-INDICATIONS:

Head injury (may worsen severe TBI), hypersensitivity to ketamine, considered relatively safe in pregnancy, if clinically indicated

#### POTENTIAL SIDE EFFECTS:

Edema, flu-like syndrome, abdominal pain, diarrhea, dyspepsia, nausea, ulceration, GI bleed, anemia, headache or insomnia

#### DRUG INTERACTIONS:

Effects of ketamine are increased when combined with other analgesics or muscle relaxants

ONSET/PEAK/DURATION: 30 sec-4 min (IV<IO<IN<IM)/1-10 min/5-25 min

TACTICAL CONSIDERATIONS: Casualty weapons, communications and sensitive equipment should be secured; IV ketamine should be administered slowly over 1 minute; alterations in mental status can adversely affect assessment for shock and/or traumatic brain injury – use AVPU method to establish baseline prior to medication administration; eye injury does not preclude the use of ketamine; medication end points include control of pain or development of nystagmus; increased secretions (be prepared to suction) monitor airway, breathing, and circulation closely – be prepared to support respirations, if indicated.





