



VA: VGH / UBCH / GFS
 VC: BP / Purdy / GPC

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**PERIOPERATIVE PAIN SERVICE (POPS) ORDERS
 KETAMINE INFUSION ORDERS**

(items with check boxes must be selected to be ordered)

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Date: _____ Time: _____

Time
 Processed
 RN/LPN Initials
 Comments

POPS PAGER (24 hours/7 days a week): **VGH: (604) 877-2942** **UBCH: (604) 822-7121** ask for POPS anesthesiologist

- **Discontinue all previous opioid and CNS depressant orders (except in CSICU and ICU)**
- **No opioids, other analgesics, or CNS depressants to be administered unless ordered or approved by POPS (except in CSICU and ICU) – Prescriber or Unit RN to obtain approval from POPS**

ketamine 5 mg/mL IV infusion

Use Hospira pain management pump CCA: Ketamine Inf.

Infusion rate:

First 24 hours infuse at _____ (suggested range: 10 to 15 mg/h)

then infuse at _____ x _____ hours (suggested range: 5 to 10 mg/h)

Discontinue infusion at _____ Date _____

See PCA, Epidural Infusion, or PICRA orders as per separate order set

MONITORING:

Respiratory Rate (RR), Sedation Scale (SS), and Pain Intensity Q1H x 4 hours, then Q4H

Assess for dysphoric symptoms (illusions, unpleasant dreams, hallucinations) Q4H while awake

If dysphoric symptoms present – stop infusion and page POPS

lorazepam 1 mg SL/PO Q8H PRN dysphoric symptoms

OR

oxazepam 15 mg PO Q8H PRN dysphoric symptoms

POPS Anesthesiologist Signature
 POPSKI

Printed Name
 Rev. Oct-09

College ID