


<b>WORK STANDARD</b>	 <b>Saskatchewan Health Authority</b>		<b>Title: IV Ketamine – Outpatient Maintenance - Booking and Care Delivery – PANDEMIC PLAN ONLY</b>
	Role performing Activity: <b>Anesthesia and Nursing Role in ECT Suite</b>		
	<b>Location:</b> Saskatchewan Health Authority	<b>Department/Unit:</b> Mental Health & Addiction Services	
	<b>Document Owner:</b> Provincial Head, Anesthesiology	<b>Date Prepared:</b> March, 2020	
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<b>Related Policies/Documentation</b>			

**Work Standard Summary:** The purpose of this Work Standard is to identify the care delivery process within the Saskatchewan Health Authority (SHA) for IV ketamine in the ECT Suite – for outpatients as per booked maintenance ECT series. It is explicitly recognized this Work Standard may need to be adapted to specific local practice and resources.

<b>Essential Tasks: Psychiatrists will write orders for patients to receive IV ketamine in the ECT suite at a frequency to be determined by Psychiatry, the standard dosing being 0.5 mg/kg IV to be given over 40 minutes in normal saline.</b>	
1.	Psychiatrists to obtain consent for treatment specific to IV ketamine – education, risks and benefits are to be explained as a part of this consent process (consents valid for 6 months for maintenance treatments).
2.	Schedule maintenance ketamine infusions as per the recommendations of the outpatient psychiatrist.
3.	<p><a href="#">COVID-19 Screening</a> to occur prior to arrival in outpatient department.</p> <ul style="list-style-type: none"> <li>Refer to <a href="#">CV-19 A0015 Management of ECT Patients during COVID-19</a> for actions/precautions to take based on COVID-19 screening/testing.</li> <li>If patient screens negative, Routine Precautions are to be followed.</li> <li>If the patient screens positive or is known COVID-19 positive, all Healthcare Workers (HCW) in the room are to take full <a href="#">Droplet/Contact Plus Precautions</a>.</li> <li><b>NOTE:</b> Refer to <a href="#">CV-19 G0010 Continuous and Extended PPE Use Guidelines – Primary Care</a> for more information on mask use.</li> </ul>
4.	Patient arrives to ECT suite as per standard outpatient protocol (first available beds to be used, patient to change into hospital gown, clothes in locker, warm blanket given).
5.	Paperwork to be filled out as per standard outpatient procedure (pre-op checklist with second check, Day Surgery record and consent).
6.	Once patient is placed in assigned bed have the patient complete <a href="#">SHA 0064 PHQ-9 and GAD-7 Form</a> prior to each treatment. Put a patient label/addressograph on this form and send it to the outpatient psychiatrist along with other regular forms.
7.	Perform hand hygiene as per the 4 moments of hand hygiene. Refer to <a href="#">SHA-02-005 Hand Hygiene</a> for more information.
8.	Prepare patient for treatment – attach vital signs/cardiac monitor, start IV fluids at TKO, (preferably 20G catheter) - record baseline vital signs.
9.	Have TIVA syringe pump and tubing ready at bedside for anesthesia.
10.	Anesthesia will prepare and initiate ketamine infusion to run over 40 mins.
11.	Nurse to monitor and record vital signs q 10 mins during infusion, using the standard post-anesthetic record sheet. The nurse:patient ratio suggested is a maximum of 1:2.

12.	Monitor vital signs and scoring q 15mins following discontinuation of ketamine infusion until standard PACU discharge criteria are met.
13.	Drink/snack can be offered at this time – if appropriate.
14.	Continue to monitor vital signs and scoring as per day surgery record sheet.
15.	Make call to patients contact for safe ride home - belongings back to patient to change.
16.	Review discharge information and confirm next appointment date. The discharge order may be signed either by Psychiatry or Anesthesiology.
17.	Environmental Services to clean and disinfect treatment space after patient discharge.