



**COVID-19 PANDEMIC PRACTITIONER ORDER SET
Psychiatry Ketamine Infusion Therapy – South
Tertiary Site (Regina only)**

To complete the order form, fill in required blanks and check the appropriate boxes (☐).

Pre-checked boxes (☒) are initiated automatically. To delete orders, draw one line through the item and initial.

Allergies: ☐ See Regional Allergy / Intolerance Record OR:

Actual Patient Weight

_____ Kg

Posted
Initial

ORDERS AND SIGNATURE

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Diagnosis

*****Refer to Appendix for Disclaimer, Candidate Eligibility and Exclusion Criteria*****

- ☒ This Order Set is to be completed only by the patient's primary psychiatrist
- ☒ Required documentation:
 - ☒ Electronic (SCM) and paper chart with flow sheets
 - ☒ This completed and signed Order Set
 - ☒ Signed informed consent with patient and caregiver education
 - ☒ Self-assessment tool scores (PHQ9, GAD-7) prior to each treatment

Investigations or Tests

The following must be completed within 2 weeks prior to first treatment:

- ☒ History and Physical (Date: _____)
- ☒ Actual weight in kg (Date: _____)
- ☒ ECG (Date: _____)
- ☒ Blood Pressure (Date: _____)
- ☒ Pre-procedure bloodwork: CBC, Renal Panel, Liver Panel, Urinalysis
- ☒ If applicable, urine drug screen, hCG (serum or urine)
- ☒ Evaluate Medical contraindications to ketamine
- ☒ Specify if pre-medications are required
- ☒ General medical clearance for ketamine infusion therapy (Date: _____)
- ☒ Specialty medical clearance for ketamine infusion therapy (if required) (Date: _____)
- ☒ Symptom severity – assessed with PHQ-9 and GAD-7 scale (Date: _____)

Medication

Usual doses:

Acute/Induction treatment:

Standard dose of ketamine infusion therapy is 6 doses of 0.5 mg/kg IV administered over 2 - 3 weeks

Continuation therapy:

Is less well defined in the literature: Examples may include continuing 0.5 mg/kg infusions weekly on a weekly basis after induction. The frequency and duration of maintenance therapy is individualized for each patient.

*****NOTE: some centres are successfully transitioning ketamine infusion therapy responders to intranasal/sublingual ketamine for maintenance.*****

Date & Time

Practitioner Signature:

Practitioner Name (printed):

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	<p><input checked="" type="checkbox"/> ketamine 0.5 mg/kg _____ mixed in 100 mL 0.9% sodium chloride intravenously</p> <p><input checked="" type="checkbox"/> Infused over: <input type="checkbox"/> 40 minutes <input type="checkbox"/> _____ minutes</p> <p><input checked="" type="checkbox"/> Total number of treatments: _____</p> <p><input checked="" type="checkbox"/> Frequency and duration of treatments: _____</p> <p>Other Medication:</p> <p><input type="checkbox"/> Withhold the following medication(s) on the morning PRIOR to Ketamine Infusion Therapy: _____</p> <p><input type="checkbox"/> Administer the following medication(s) on the morning PRIOR to Ketamine Infusion Therapy: _____</p>	
	<p><u>Observation</u></p> <p><input checked="" type="checkbox"/> Monitor the patient for at least 90 min following treatment:</p> <p>Monitoring Parameters:</p> <p><input checked="" type="checkbox"/> Vital signs: SpO₂, Blood Pressure, Heart Rate and Respiratory Rate: Baseline, then at least q15min until 1 hour after the completion of the infusion</p> <p><input checked="" type="checkbox"/> Continuous ECG/CV monitoring for the duration of the therapy</p> <p><input checked="" type="checkbox"/> Stop infusion if BP greater than 180/110 mmHg or abnormal heart rhythm occurs</p> <p><input checked="" type="checkbox"/> Level of consciousness</p> <p><input checked="" type="checkbox"/> Signs/symptoms of ketamine toxicity (apnea, respiratory depression, clonus)</p> <p><input checked="" type="checkbox"/> Emesis and hypersalivation (may increase the risk of aspiration)</p> <p><input checked="" type="checkbox"/> Dissociative effects- unpleasant recovery agitation, intense hallucinations or dreams</p>	
	<p><u>Discharge Planning</u></p> <p>To remain in recovery until:</p> <p><input checked="" type="checkbox"/> Post-administration vital signs return to baseline levels +/- 20%</p> <p><input checked="" type="checkbox"/> Alert and oriented</p> <p><input checked="" type="checkbox"/> Absence of dissociative effects</p> <p><input checked="" type="checkbox"/> Patient released to another adult for transportation home</p>	
	<p><u>Other</u></p> <p> </p>	

Date & Time	<p>Practitioner Signature:</p> <p>_____</p>
	<p>Practitioner Name (printed):</p> <p>_____</p>

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<p>Disclaimer</p>	<ul style="list-style-type: none"> - Due to the current pandemic with COVID-19, maintenance ECT is temporarily cancelled. - Ketamine Infusion Therapy is an alternative option for eligible patients during this time. Other psychiatric centres in Canada have moved to this option during the pandemic. - We are uncertain how one may respond to Ketamine Infusion Therapy compared to maintenance ECT. Additionally, there is a lack of guidance at this time regarding how to convert a patient from ECT to Ketamine Infusion Therapy and vice versa. - The selection of appropriate candidates for Ketamine Infusion Therapy requires careful consideration regarding the risks and benefits of the treatment in context of the individual’s severity of depression, duration of current episode, previous treatment history, and urgency for treatment. 	
<p>Candidate eligibility</p>	<ul style="list-style-type: none"> - Ketamine Infusion Therapy is prioritized to patients who have experienced cancellation of their regularly scheduled maintenance ECT during COVID-19 - Eligible patients are those receiving treatment for “treatment resistant” unipolar or bipolar depression-without psychotic features Treatment resistant is defined as an inadequate response to ≥ 2 antidepressant trials (of adequate dose and duration) within the current episode - Written informed consent obtained from patient 	
<p>Exclusion criteria</p>	<p>Absolute:</p> <ul style="list-style-type: none"> - Primary psychotic disorder - Acute mania - Active substance use within the last 3 months - Pregnancy - Allergy to ketamine - Previous history of ketamine abuse - Dementia - Delirium - Uncontrolled severe hypertension 	<p>Relative:</p> <ul style="list-style-type: none"> - History of adverse reaction or negative response to ketamine - Increased intracranial pressure or history of intracerebral hemorrhage - Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels) or arteriovenous malformation. - Glaucoma - Patients who weigh more than 275lbs (125kg) due to the possibility of increase CNS side effects (especially dissociation). Ideal body weight is recommended for dosing if BMI greater than 30. - Concurrent use of GABAergic/glutamatergic drugs (because these medications may jeopardize response to ketamine): <ul style="list-style-type: none"> - Benzodiazepines, gabapentin, pregabalin, lamotrigine, zopiclone or zolpidem - If benzodiazepines MUST be used, agents with short half-lives and simple metabolism are suggested such as: lorazepam, oxazepam or temazepam. - Concurrent use of sedating medication near the time of ketamine administration should be minimised to prevent additive sedation.