



		Trial Study		5802
		Effective April 1, 2018	Expires March 31, 2019	
Policy: Ketamine for Analgesia Trial Study	Approval: Medical Director Reza Vaezazizi, MD		Signed 	
Applies To: Authorized Study Participants, EMS System	Approval: REMSA Director Bruce Barton		Signed 	

PURPOSE

To determine the role of prehospital ketamine to improve pain management for patients meeting trial study inclusion criteria. Every patient deserves to have his or her pain managed. Consider reassurance, position of comfort, ice and gentle transport as part of pain management. Privacy and separation from parents may benefit adolescents. Do not attempt to completely relieve the patient's pain, but treat aggressively enough to make it bearable.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

Inclusion Criteria

Patients must be 15 years of age or older with a GCS of 15 with a pain scale score of 5 or greater.

The prehospital use of ketamine for analgesia should be considered for adult patients with pain associated with:

- Acute traumatic injury
OR
- Acute burn injury

Contraindications

- Any patient under 15 years of age
- Allergy to Ketamine
- Known or suspected pregnancy
- Known or suspected alcohol/drug intoxication
- Received narcotics of ANY form within the past 6 hours

Procedure

If patient meets inclusion criteria listed above:

- Assess the patient's pain utilizing the numeric pain scale. If pain scale is reported as 5 or higher:
 - Administer ketamine 0.3 mg/kg (max single dose of 30 mg) in 50-100 mL of Normal Saline via IV Bolus drip over 5 minutes.
(Do not administer IVP, IO, IM or IN— trial study parameters for pain control are for IVPB admin.)
 - Place the approved ketamine silver wristband on patient prior to transporting patient to a most appropriate receiving facility
 - Reassess the patient's vital signs, including pain scale score, every 5 min during transport.
 - After 15 mins, If pain scale score remains reported at 5 or higher, a second dose of ketamine can be administered at 0.3 mg/kg (max single dose of 30 mg) in 50-100 mL of Normal Saline via IV Bolus Drip over 5 minutes.

This is the official pain scale to be used in patient assessment and documented on the PCR.



Documentation Requirements

Must use a REMSA contracted or authorized electronic patient care report system:

- Documentation must include:
 - Age
 - Gender
 - Race/ethnicity
 - Weight
 - Date/time of injury onset of symptoms
 - Mechanism of injury
 - Initial systolic blood pressure and vital signs
 - Pain scale before and every 5 minutes after ketamine administration
 - If trauma patient: Blunt or penetrating trauma location and description of injuries
 - Vital signs including Glasgow Coma Scale and temperature (if able to determine): pre, during and every 5 min post- ketamine administration
 - Any fluid administration
 - Date/time ketamine was started
 - Past medical history
 - Allergies
 - Any first response agency or transport service defined questions related to ketamine

