GUIDANCE ON USE OF KETAMINE

Drug details

- NMDA receptor blocker also working via other mechanisms
- 'Resets' the pain threshold
- Improves opioid responsiveness
- Some opioid-like effects and some antidepressant action
- Onset of action 15-30 min sc, 30 min po
- Duration of action 4-6 hrs sc, may be longer po
- Made up with normal saline

Indications

- Severe pain unresponsive to other therapies, particularly neuropathic and incident pains
- Mucositis (eg from chemo)

Contraindications

- Ischaemic heart disease
- Arrhythmias
- Any condition in which raised intracranial or blood pressure would be dangerous

Side effects

- Frequent at higher doses, so warn patients beforehand
- Tachycardia, raised blood pressure
- Visual disturbance and intracerebral hypertension
- Psychotomimetic and psychotic symptoms are relatively common but usually controllable
- Local irritation at syringe driver site
- Potentiation of opioids

Administration of 'burst' ketamine

- Give sc via syringe driver, monitoring pulse and BP twice daily.
- Add prophylactic midazolam 10mg or haloperidol 5mg to driver

GUIDANCE ON USE OF KETAMINE (cont)

- Dose regime:
    - Start at 100mg over 24 hours
    - If not pain-controlled after 24 hours, increase to 300mg/24 hrs
    - If not pain-controlled after a further 24 hours, increase to 500mg/24 hrs
    - Titrate up in increments of 100mg if the patient is frail
    - Continue the effective dose for 3 days then stop
- If patient becomes drowsy during titration, reduce regular opioid dose by 1/3rd
- If pain recurs once ketamine stopped, consider changing regular opioid to methadone, or continuing the same total dose of ketamine, given orally, divided into qds doses
- The 'burst' regime can be repeated when required but may be effective for a number of months
- There are other methods of giving ketamine (slower titrations, oral) – see PCF3 for details

Ref: Robert Twycross, Andrew Wilcock, *Palliative Care Formulary* third edition (PCF3), 2007; palliativedrugs.com 2008 **KLJ 2008**