

Approved October 2017

Sub-dissociative Dose Ketamine for Analgesia

Approved by the Emergency
Nurses Association January
2018

Approved by the Society of
Emergency Medicine
Physician Assistants
December 2017

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As an adjunct to this policy,
ACEP has prepared a Policy
Resource and Education Paper
(PREP) titled, “Sub-
dissociative Dose Ketamine
for Analgesia”

A joint policy statement of the American College of Emergency Physicians, the Emergency Nurses Association, and the Society of Emergency Medicine Physician Assistants

Sub-dissociative dose ketamine (SDK), also referred to as low dose ketamine (LDK) is safe and effective for analgesic use in emergency departments. SDK is one “opioid sparing” modality. Benefits of SDK over opioids and other common analgesics include, improved pain relief, less respiratory depression, and maintenance of cardiac output. Emergency care providers should disclose to patients that SDK administration may trigger generally minor transient side effects, including nausea and temporary dysphoria.

As with any analgesic, observation and assessment of the patient’s response to SDK is indicated. Due to SDK’s excellent safety profile and activity as an analgesic, not an anesthetic, special administration procedures and/or monitoring are not required. SDK may be safely ordered and/or administered by emergency care providers under the same policies and procedures as other typical analgesics.

FOR REFERENCE:

American College of Emergency Physicians. “Optimizing the Treatment of Acute Pain in the Emergency Department.” Policy Statement. Approved April 2017.

From ACEP Policy on Optimizing the Treatment of Acute Pain in the Emergency Department, April 2017

Administration of sub-dissociative dose ketamine (SDK) may be used either alone or as part of a multimodal approach to pain relief for traumatic and non-traumatic pain. Emergency care providers should disclose to patients that SDK administration may trigger generally minor, transient side effects. Administration of sub-dissociative ketamine should commence under the same procedures and policies as other analgesic agents administered by the nursing staff in the ED setting.