

<b>Ketamine Infusion Record</b>	Name:	
	Address:	
	Dob:	UR No.
	Please use label if available	

Please record the following items at the requested time points:

**Highest** sedation score (Asleep, 0=awake, 1=easily aroused, 2=Rousable to pain, 3=Unrousable).

**Functional activity** score for movement (A=no limitation, B=mild-moderate restriction and C=severe limitation)

Reason: <input type="checkbox"/> <b>Acute Pain</b>   <b>Chronic Pain:</b> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapy <input type="checkbox"/> Sensitisation <input type="checkbox"/> Detox   <input type="checkbox"/> <b>Mood</b>			
Date of Infusion (or date range for inpatients)	<b>Start</b>	<b>Finish</b>	
<b>Weight</b> (kg)			
<b>Pain score</b> (0-10)/10	<b>Admission:</b>	<b>Discharge:</b>	
<b>K6 score</b>	<b>Admission:</b>	<b>Discharge:</b> .. <i>not applicable</i> ..	
<b>oMEDD</b> (oral morphine equivalent daily dose)	<b>Admission:</b>	<b>Discharge:</b>	
<b>Index Activity:</b> (most desired activity limited by pain)			
Functional activity score ( <b>FAS</b> )	<b>Admission:</b>	<b>Discharge:</b>	
Route of administration ( <b>oral / SC / IV / PICC</b> )			
Initial bolus and starting rate	<b>Bolus:</b>	mg	<b>Rate:</b> mg/h
Maximum rate mg/h			
Total Amount of Ketamine administered (mg)			
Duration of infusion: (hours)			
Highest Sedation score during treatment			
Appearance: eg. anxious/alert/relaxed			
Oral Clonidine (mcg)	<b>Dose:</b>	<b>Frequency:</b>	
Oral Diazepam (mg)	<b>Dose:</b>	<b>Frequency:</b>	
IV Magnesium Infusion? Yes /No	<b>mMol</b>	<b>Time:</b>	<b>Days:</b>
Oral Magnesium? Yes /No	<b>mg:</b>	<b>Freq:</b>	<b>Days:</b>
Other drugs (dose and freq):			

Please record **Global Perceived Effect** at discharge:

Very much worse  Much worse  Worse  Unchanged  Better  Much better  Very much better

**Adverse Effects, severity, action/treatment**

Please list any side effect experienced during the infusion and rate the severity on the following scale.

- Grade 1 Minimal AE - an incident with no injury, increased LOS or care
- Grade 2 Minor AE - an incident requiring increased care, investigation or referral to another clinician
- Grade 3 Moderate AE - an incident causing temporary functional impairment
- Grade 4 Major AE - an incident causing permanent functional impairment
- Grade 5 Serious AE - a catastrophic or notifiable sentinel event

Please describe what was done eg Event = nausea, Action = metoclopramide & number of doses, or Event=hallucination or too sleepy, Action = infusion rate decreased or stopped.

(The severity for most will be Grade 1, but may occasionally be higher).

Event Description	Severity	Action/treatment

Medication stopped	Medication Changed	Medication Started

**Please Fax** to 03 9770 0944:  a copy of this record  admission BPI form  admission K6 form  
 infusion record  frequent observation chart  discharge medication list

Please **keep** the original documents in the hospital file.

**Patient warned** about mood effects and need to seek help for any uncomfortable thoughts

Signature:

Print Name:

Designation:

Date/Time: