Your clinic here

Address & phone #

	KETAMINE INFUSION RECORD															☐ MONITOR															
	Patient: Date:																														
Diagnosis:									Treatment: Intravenous Ketamine Infusion #of															Treatment C							
Provider:											(Clini	cia	n: _																and signed	ccu upon
	TIME:																													☐ Medical His	tory / PE
	O2				T			Т			Т																	reviewed	.01,7.12		
Ą	Ketamine	Dose:mg/kg(Total Do								r	ng)	g) diluted inml of				normal saline infused over						minutes.					Pre Infusion psychiatric.				
AGENTS	Zofran (mg)				Ī			Τ													pain assessr	nent									
S	Phenegran							T			T		T					T					T							1	
	(mg)				+			+			+		+		_	\dashv		+			\dashv		+	\dashv		+		+		NPO Status	reviewed
	Versed (mg)				+			+			+		+		-			+		-	+		+	\dashv				+		HCG as app	licable
	SAO2 %				+			+			+		+		_	\dashv		+			\dashv		+	\dashv		+		+		-	
ğ	EKG				+			+			+		+		+			+			\dashv		+	\dashv		+		+		☐ Provider dis	
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	RASS Score										T		T					T												1	
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	MAP = x SBP &																	+									\pm			No bleeding	
	v DBP = HR =												t					#									\parallel			_	
	. RR = O																														
Spo	ntaneous ventil	ation	/ resp	iratio	ns	mair	ntain	ed	thro	ugho	ut 1	treat	tme	nt																	
_																															
Discharge time: Stable condition on treatment completion: RAS													ASS	SS Score:																	
Report given to RN Aldrete Score: Discharge Vital Signs: BP / RR O2 sat PHQ-Score:																															
KI	KETAMINE INFUSION TIME							ALLERGIES										WEIGHT							PROVIDER SIGNATURE						
Sta	Start:Stop:																								Clinical signature(s):						