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Objective:

Upon completion of the lecture, attendees should be better prepared to:

- Verbalize mechanism of action of ketamine
- List dosing range of ketamine
- Describe side effects associated with ketamine

Abstract:

Introduction: Ketamine is a dissociative anesthetic that is primarily used in the OR and that has been recently employed in the ICU setting as well as an analgosedative adjunct. The Grady burn center has used ketamine infusions for mechanically ventilated patients with high analgesic requirements and difficult to control pain. The purpose of this study was assessing safety and efficacy of ketamine use in the ICU.

Methods: This was a retrospective chart review of patients admitted to the burn center requiring mechanical ventilation and high dose continuous infusion sedatives and analgesics. Primary outcome was change in doses of concurrent analgesic and sedative doses. Secondary outcomes included prescribing ketamine patterns and adverse effects of ketamine.

Results: Seventeen patients were identified during the study period. Ketamine was found to result in decreased doses of concurrent fentanyl and midazolam infusions. The median time to ketamine start was 12 days from admission and median doses were 0.1-0.6mg/kg/hr. No hemodynamic changes were seen. Increased agitation was seen in 3 patients.

Conclusions: This study results suggest ketamine as a viable analgosedative adjunct as part of multimodal pain management in the difficult to control burn ICU patient. Further studies regarding optimal dose, optimal patient and long term effects of ketamine are needed.

Disclosure:

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