

**LOW-DOSE KETAMINE  
INFUSION CHECK LIST**

(TO BE COMPLETED BY NURSE BEFORE KETAMINE INFUSION)

PERSONAL HEALTH INFORMATION

PREPARATION			CLIENT								
Treatment Number	Date (YYYY/MM/DD)	Client's I.D. Checked	Temperature	Pulse	Respirations	Blood Pressure	O <sub>2</sub> sat	Voided	Benzodiazepines (withheld the night before and morning of treatment)	Physician's Order for Ketamine	Nurse's Signature