

**LOW DOSE KETAMINE INFUSION  
SCREENING ASSESSMENT**

		YES	NO	DETAILS
HEART	Chest pain or angina (frequency, severity)			
	Heart attack/coronary stent (when? intervention?)			
	Stroke/transient ischemic attack			
	High blood pressure, or take medication for high BP			
	Irregular pulse/palpitations			
	Heart murmur/rheumatic fever			
	Pacemaker/Implantable Cardioverter Defibrillator (ICD)			
	Heart failure			
	Difficulty climbing one flight of stairs			
	Blood clot legs or lungs			
	LUNG	Shortness of breath with: <input type="checkbox"/> Normal activity <input type="checkbox"/> At rest		
Productive cough				
Asthma/bronchitis/emphysema (COPD)/reactive airways disease (severity – hospitalizations? ER visits?)				
Pneumonia/tuberculosis				
Smoke tobacco? Amount:				
Symptoms of sleep apnea (snoring, witnessed apneas, morning headaches, unrefreshing sleep)				
Diagnosed sleep apnea <input type="checkbox"/> Oral appliance <input type="checkbox"/> CPAP (compliant?) Oxygen use				
RENAL/GI	Kidney problems/dialysis/transplant			
	Heartburn/hiatus hernia acid reflux (severity)			
	Easily nauseated/motion sickness			
	Hepatitis/jaundice/liver disease			
OTHER	Diabetes <input type="checkbox"/> Insulin <input type="checkbox"/> Pills <input type="checkbox"/> Diet Blood sugar range: _____			
	Thyroid problems			
	Pituitary or adrenal disease			
	Arthritis <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Osteoarthritis			
	Disease of nerves and muscles			
	Seizures			
	Glaucoma			
	Cancer <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation			
	Anemia/bleeding disorders			
	At risk for Sickle-cell Disease (e.g. African or Caribbean descent)			
	Possibility of pregnancy at this time?			
	Drug Resistant Infection <input type="checkbox"/> MRSA			
	HIV/AIDS			
	Recreational drug use (what? how much?)			
Alcohol use (how much _____)				
PREVIOUS OPERATIONS	List previous operations:			

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	Medication name (use generic names if possible)	Dose	Route	Frequency/Comments	Patient to take morning of treatment with sips of water	Patient to hold PM dose night prior to treatment	Patient to hold AM dose morning of treatment
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Allergies/adverse reactions <input type="checkbox"/> None known	Symptoms	Allergies/adverse reactions	Symptoms
1.		4.	
2.		5.	
3.		6.	

PHYSICAL EXAMINATION

Height (cm):	Weight (kg):	Heart Rate:	Blood Pressure:	Oxygen Saturation:
Respiratory:				
Cardiovascular:				
Other:				
Date: YYYY/MM/DD Time: HH:MM		Print Name:	Signature:	

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History of	Anemia	Hypertension	CAD	History of arrhythmia	Suspected symptomatic cardiorespiratory disease	Digoxin	Coumadin	Known renal disease	Not eating or drinking
CBC	X								
Electrolytes		X						X	X
Creatinine		X						X	X
EKG		X	X	X	X				

Obtain copies of past cardiac testing (stress tests, echocardiograms, Holter monitors, angiograms) and respiratory testing (pulmonary function testing, sleep studies)

Women of child-bearing age should be asked if there is any possibility they are pregnant and a pregnancy test should be ordered if appropriate.

Persons of African or Caribbean descent should have sickle cell testing if they haven't in the past.

As long as medications and comorbidities are stable, investigations are valid up to three months before Ketamine course. **Before ordering tests, contact family physician's office or other relevant hospitals to see if these have been done within the last 3 months and obtain a copy instead of repeating the test.**

\* Indicated for active symptomatic suspected cardiorespiratory disease (eg. acute CHF, pneumonia). Not indicated for stable respiratory disease (COPD, asthma) or stable CHF; **not indicated solely based on presence of smoking.**

**RECOMMENDED PRE-KETAMINE MEDICATION MANAGEMENT**

Class	Administer AM of Ketamine	Hold AM of Ketamine	Hold night before Ketamine	Notes:
Antihypertensives	x			
Antiarrhythmics	x			
Lipid-lowering agents	x			
Puffers	x			
Anti-reflux	x			
Oral glucose-lowering agents		x		Glucometer performed on arrival
Insulin (rapid or short-acting)		x		
Insulin (intermediate or long-acting)		x	Give half the dose the night before	Resume with oral intake after Ketamine
Anti-platelet agents and anticoagulants	x			
Anti-inflammatories	x			
Benzodiazepines		x	x	Hold 12 hours prior to treatment