

Esketamine

Pre ADMINISTRATION CHECKLIST

(TO BE COMPLETED BY NURSE BEFORE TREATMENT)

PERSONAL HEALTH INFORMATION

Date (YYYY/MM/DD)	Client's ID Checked	Order reviewed and current	Nothing by mouth for 2 hours before administration including food, candy, gum etc	No liquids for 30 minutes before administration	No alcohol within the last 24 hours before administration	No nasal corticosteroid or nasal decongestant 1 hour before administration	Vital signs documented in ePR (unscheduled vital signs)	Blood Pressure (cannot be greater than 140/90) (Don't start treatment-notify psychiatrist first)	The patient denies being pregnant or breast-feeding	No medication this a.m. that cause sedation or BP changes	Signs or symptoms of urinary tract and bladder problems? (urgency, frequency, pain on urination, cloudy urine or blood in urine)	The patient does not appear intoxicated	Patient aware the need to monitor for clinical worsening suicidal behavior or thoughts, and unusual changes in behavior	The patient is encouraged to void before administration	Nurse's Signature