



Tremayne Center for Medicine

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www.tremaynemedicine.com

Patient name: _____

Date of birth: ___/___/_____

KETAMINE INFUSION – PATIENT INSTRUCTIONS

The following instructions will assist your first Ketamine Infusion Therapy session.

- FIRST infusion – no food 4 hrs prior. Drink plenty of fluids prior to infusion.
- No driving 24 hours after infusion.
- Spouse/friend/relative to be at your bedside during infusion (If none, a fee of \$50 is required to provide staff to accompany the patient.)
- 1 hour prior to infusion – take Allegra/Claritin/Antihistamine as a fair amount of pt’s experience nasal congestion.
- RN will place IV and administer any medications needed prior to infusion of Ketamine.
 - IV Zofran or Ativan to prevent nausea as needed.
- You are encouraged to bring a pillow/blanket, headphones and relaxing music and an eye mask from home for your own comfort.
- Expect the infusion to take 45-60 minutes.
- During infusion, expect to feel a groggy, a sensation of floating, losing track of time, where you are. This is different for each patient; typically pleasant, light sedation, you will not be unconscious but may be in and out of sleep. Some patients experience the feeling of heavy limbs.
- Minimize talking during infusion as we want you to be resting – your senses can be heightened. For example, noise may sound especially loud. We like to maintain a very quiet, dimly light room, for this reason,
- If you feel uncomfortable and need to slow the IV down, notify staff or have your bedside companion alert them. Any side effect you feel will typically be gone within 1-2 minutes of stopping the infusion.
- Recovery time after the infusion is typically 15-30 minutes until on your feet and ambulating. Then you are able to go home. You MUST have a driver once you are cleared to leave the office, no exceptions.
- Expect to feel tired and to go home and rest and/or sleep after the first few infusions. Once your body becomes familiar with Ketamine, it will cause less sedation and fatigue for most patients.

I HAVE READ AND UNDERSTAND THESE GUIDELINES, AND I ACCEPT AND AGREE TO ALL OF ITS TERMS AND CONDITIONS. I ENTER INTO THIS AGREEMENT VOLUNTARILY, WITH FULL KNOWLEDGE OF ITS EFFECT.

Signature of patient

Date

Signature legal representative and description of legal authority

Date