

# Informed Consent for Ketamine

## Scott Integrated Pain Management, LLC

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### **Ketamine background**

Ketamine is a medication that was initially used in humans to induce a state of unconsciousness and provide pain relief for surgical anesthesia. More recently, research suggests that ketamine may be effective for some people suffering from some chronic pain conditions. Ketamine may also be effective for some people suffering from severe depression. The doses used to treat pain and depression are ½ to 1/10 of those used to cause unconsciousness for surgical anesthesia. Consequently, while side effects can occur, they are generally mild and brief. Ketamine only has an FDA indication as a general anesthesia induction agent, as such, its use for chronic pain and depression are considered off-label and investigational. Proceeding with ketamine therapy is entirely voluntary. Choosing to proceed or not with ketamine treatment will not affect the willingness of Scott Integrated Pain Management LLC to work with you to treat your pain nor will it limit your access other treatments.

### **What are the possible benefits of ketamine?**

Those who respond to ketamine notice a reduction in their symptoms during the time of their infusion that may last for days or weeks after the completion of the infusion. For pain relief, the benefits are typically noted within 60 seconds of the first intravenous dose and persist through the infusion time, which usually lasts about an hour. After completion of the infusion, pain may return, but it is often less severe than prior to the treatment. For depression, data suggests that more than half of patients note a significant improvement in their depressive symptoms within 1-2 hours. For those who respond, the benefits are generally not permanent. Repeat treatments may be necessary to maintain benefit. For best results, ketamine infusions should be combined with additional treatments such as oral medications, behavioral therapy, and physical therapy.

### **What are the possible harms of ketamine?**

Any procedure or treatment carries risks. You may experience some, all, or none of the effects listed below. In addition, there is the possibility of rare, unforeseeable, or unknown reactions which could be potentially serious or life-threatening.

Common (>5%) side effects that occur during ketamine infusion include but are not limited to:

- Altered perception of time and space
- Altered motor coordination
- Vivid dreams or nightmares
- Blurry or double vision
- Nausea and vomiting
- Increased salivation
- Mild increases (usually 20% or less) in heart rate and blood pressure
- Pain or redness at the IV site

Less common (approximately 1%-5%) side effects during ketamine treatment include but are not limited to:

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- Hallucinations and delirium
- Significant increases (>20%) in heart rate and blood pressure
- Increased eye pressure (may be significant for those with glaucoma)

In addition, there is a possibility of serious but very rare (<1%), complications. These have been reported mostly in those who abuse ketamine illegally in a non-medical environment or receive very high doses, much higher than would be used by this practice or in operating room anesthesia. These include but are not limited to:

- Cognitive dysfunction
- Liver toxicity
- Bladder toxicity
- Respiratory depression
- Cardiac arrest
- Death

The common and less common side effects are generally mild, treatable and almost invariably resolve shortly after the end of the infusion. In the unlikely event of very rare or serious complications, our office is fully equipped with advanced respiratory and cardiovascular support equipment. Dr. Scott is a fully trained and board-certified anesthesiologist, and will be physically present throughout the entire ketamine treatment.

## Day of treatment information

- Wear loose-fitting comfortable clothing with the ability to roll up or push up your sleeves.
- If you wish, you may bring headphones or a tablet to use during your treatment.
- Once you arrive and are checked in, you will be taken to a treatment room where an IV will be placed.
- You will be connected to a vital sign monitor that will continuously monitor your heart rate, blood pressure, and blood oxygenation.
- You will be asked to rate your pain and/or depression using a standardized rating scale before, during, and after your treatment.
- Please inform us of any unpleasant side effects as many of these can be treated during the treatment.
- The infusion lasts about 60 minutes and we ask that you plan to remain in the clinic for at least 90 minutes in total.

## Post-treatment instructions:

- You may call Dr. Scott 215-310-5979 anytime day or night with urgent questions
- You will be discharged into the care of an adult friend or family member who should stay with you for at least 4-6 hours after the completion of treatment.
- Do not drive a car, care for young children or disabled dependents, operate heavy machinery, or perform any safety sensitive work for the remainder of the day.
- There are no restrictions on activity the day following your ketamine infusion.

## Acknowledgement of consent for ketamine treatment:

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\_\_\_\_\_ I understand that ketamine does not have an FDA indication to treat pain or depression.

\_\_\_\_\_ I voluntarily consent to ketamine treatment and affirm that I am not under duress.

\_\_\_\_\_ I affirm that a responsible adult will remain with me for at least 4-6 hours after leaving the office. I further give permission for Scott Integrated Pain Management to contact this adult today, if necessary, for follow-up care.

\_\_\_\_\_ Name of Responsible Adult

\_\_\_\_\_ Mobile Phone Number

\_\_\_\_\_ I affirm that, for the remainder of this day, I will not drive a motor vehicle, perform any safety sensitive work, or provide primary care for a child/dependent adult.

\_\_\_\_\_ I understand that benefits are not guaranteed.

\_\_\_\_\_ I understand that ketamine is associated with certain risks, most of which are minor, but some of which can be serious or life-threatening.

By my signature below, I acknowledge that I have read and understand the above document. All my questions have been answered and I agree to proceed with treatment.

\_\_\_\_\_  
Physician Name Printed

\_\_\_\_\_  
Physician Signature and Date

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Patient Signature and Date

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