



Navigate Wellness Health Group, LLC
11124 N Cedarburg Rd. Suite 150
Mequon, WI 53092
(262) 365-9825

Navigate Wellness Safety Procedures

Equipment on hand

- Blood pressure monitor
- Stethoscope
- AED
- Bag mask
- Handheld suction device

-To buy:

- Pulse oximeter
- Finger-stick blood glucose

Medications on hand

- Ondansetron (Zofran) 4 and 8mg tablets
- Lorazepam (Ativan) 0.5mg PO and IM (probably **need locking fridge for this**)
- Nitroglycerin .4mg SL RDT
- Clonidine .1mg tablets
- Amlodipine 2.5mg tablets

Definitions

- 1) Urgent Vital sign abnormalities
 - a) Hypotension - systolic BP <90 mmHg
 - b) Hypertension - BP >160/90
 - c) Tachycardia - Heart rate >150
 - d) Hypoxemia - Oxygen saturation <90%
- 2) Symptoms and signs of end-organ dysfunction
 - a) Chest pain
 - b) Shortness of breath
 - c) Severe headache
 - d) Signs of stroke (facial droop, unilateral limb weakness, dysarthria [difficulty articulating speech] or aphasia [loss or difficulty with expressing or understanding speech])
 - e) Confusion or unresponsiveness that is atypical for ketamine
 - f) Pulse oximetry <90% with good pickup on monitor
 - g) Irregularly irregular heart rhythm

Procedures

- 1) Vital signs
 - a) Check blood pressure and heart rate at time of medical intake
 - b) Re-check blood pressure and heart rate at the time of first KAP SL session and first KAP IM session (if separate)
- 2) Hypertension



Navigate Wellness Health Group, LLC
11124 N Cedarburg Rd. Suite 150
Mequon, WI 53092
(262) 365-9825

- a) Use extra caution in patients > age 70, or with any cardiac/cerebrovascular medical comorbidities
 - b) Pre-treatment
 - i) Hypertension with SBP > 180
 - (1) Rest and re-check
 - ii) Consider pre-treatment with clonidine .1mg and recheck; can repeat q1hr (1)
No ketamine treatment until SBP at least <160
 - (2) Consider referring to primary care provider and deferring ketamine treatment until BP is sustainably controlled
 - iii) Hypertension greater than 160/100
 - (1) Rest and re-check
 - (2) Consider pre-treatment with clonidine .1mg or amlodipine 2.5-5mg
 - (3) Consider referring to primary care provider and deferring ketamine treatment until BP is sustainably controlled
 - c) During KAP if patient in distress or signs/symptoms of end organ dysfunction
 - (1) Interventions:
 - (a) Ativan 0.5mg PO once; may repeat once after 30 minutes
 - (b) Nitroglycerin 0.4mg sublingual every 5 minutes up to 3 doses
 - (i) Rapid acting in 3-5 minutes
 - (ii) May cause headache, hypotension
 - (c) Amlodipine 2.5-5mg
 - (d) If intervening, should monitor blood pressure every 5 minutes until stable response
 - ii) If blood pressure >160/90 and signs of end-organ dysfunction, consider administering medication and calling 911
 - iii) If blood pressure >200/120 and no symptoms or signs of end-organ dysfunction, recheck in other arm, and monitor vital signs and signs/symptoms every 5-15 minutes until resolved
 - (1) If persistently elevated, consider administering medication (nitroglycerine and/or amlodipine 5mg)
 - iv) If blood pressure 160/90-180/110 and no symptoms or signs of end-organ dysfunction, monitor vital signs and signs/symptoms every 15 minutes until resolved (or stable for q15 minute check x2, then check q30 minutes)
 - v) If clinically indicated (e.g. intense emotional state) and BP stable or trending down, may defer a BP measurement
- 3) Hypotension
 - a) With hypotension, include pulse oximetry in vital signs until resolved
 - b) If systolic blood pressure <90, recheck in other arm. If confirmed:
 - i) If symptoms or signs of end-organ dysfunction, notify on-call MD and call 911
 - ii) If no symptoms or signs of end-organ dysfunction, notify on-call MD who can make a clinical assessment
 - 4) Tachycardia during KAP



Navigate Wellness Health Group, LLC
11124 N Cedarburg Rd. Suite 150
Mequon, WI 53092
(262) 365-9825

- a) If heart rate over 120 and associated with symptoms or signs of end-organ dysfunction, notify on-call MD and consider calling 911
 - b) If heart rate over 150 without associated symptoms or signs of end-organ dysfunction, recheck immediately and if persistent, notify on-call MD and consider calling 911
 - c) If heart rate over 120 and no symptoms of end-organ dysfunction
 - i) Recheck vital signs every 5 minutes until resolved
 - ii) Instruct patient in slow, deep abdominal breathing
- 5) Nausea and vomiting
- a) Pre-treatment
 - i) Ondansetron ODT or PO 4-8mg ~30 min before session
 - ii) If wishing to avoid ondansetron, consider ginger chews
 - iii) If ondansetron insufficient, consider prescription scopolamine patch on day of KAP session
 - b) During KAP
 - i) Most nausea and vomiting will be self-limited
 - ii) Make sure patient is sitting upright or is lying on side/stomach to prevent aspiration
 - iii) Provide bowl or trash can
 - iv) Provide toilet paper or paper towels
 - v) Provide access to drinking water but encourage small sips only, or swish and spit
- 6) Breathing and airway problems
- i) Use extra caution in patients with a history of airway problems such as asthma and obstructive sleep apnea. Ensure that patients with asthma bring their inhaler with them to KAP treatments.
 - ii) In patients who are known to produce excessive amounts of saliva during KAP sessions, consider pre-treating with glycopyrrolate
- b) Decreased respiratory rate with no respiratory distress
 - i) Arouse patient with voice/touch to stimulate respiratory drive
 - ii) Alert MD
 - c) Airway obstruction due to vomiting or excessive salivation
 - i) Ensure patient is lying on side/stomach to allow drainage of fluids and to prevent aspiration
 - ii) Alert on call MD and obtain manual suction device from emergency supplies
 - iii) If not rapidly resolving with repositioning/suctioning, call 911
 - d) Difficulty breathing NOT due to vomiting/excessive salivation with concern for collapsing airway (especially in overweight patients with a history of obstructive sleep apnea) OR laryngospasm
 - i) Place patient on side and perform jaw thrust
 - ii) Immediately notify on call MD and collect bag-mask from emergency supplies
 - iii) If not rapidly resolving with repositioning, very low threshold to call 911
- 7) Chest pain or pressure (+/- shortness of breath)
- a) Check vital signs including O2 Sat
 - b) Consult on call MD and consider nitroglycerine sublingual



Navigate Wellness Health Group, LLC
11124 N Cedarburg Rd. Suite 150
Mequon, WI 53092
(262) 365-9825

- c) If urgent vital sign, if patient is unresponsive or atypically confused out of proportion to expected from ketamine dose, or in acute respiratory distress, consider calling 911
 - d) If symptoms persist without urgent vital sign abnormalities, consider calling 911
- 8) Headache (during or after session)
- a) Check vital signs and ensure blood pressure is <160/90
 - i) If elevated blood pressure, also monitor per hypertension procedure b)
- Medicate with acetaminophen 650-1000mg orally (two regular or extra-strength Tylenol)
- c) Can take NSAID medication (ibuprofen, naproxyn [Aleve]) as well or instead if headache not responding to acetaminophen or patient preference
 - d) Avoid opioid medications
- 9) Seizure or seizure-like activity
- a) Mark time of onset
 - b) Take vitals including O2 saturation every 5 minutes until vitals stable
 - c) Put patient in recovery position (on their side) and protect airway
 - d) Ensure patient does not injure themselves
 - e) Consult on-call MD
 - f) Consider administering IM lorazepam 1-2mg if seizure does not terminate within 1-2 minutes
 - g) If seizure activity stops before 5 minutes, keep patient in recovery position and retake vital signs
 - h) If seizure activity persists for more than 5 minutes or recurs a second time after stopping, or if urgent vital sign abnormalities, consider calling 911
- 10) Hypoglycemia related symptoms in a patient with diabetes mellitus
- a) Sweating, hunger, fainting, lightheadedness, shakiness or tremor, nausea, mental confusion, dry mouth, headache, slurred speech, convulsions or seizure, unresponsiveness
 - i) Symptoms may overlap with expected response to ketamine b)
- Check finger stick blood glucose
- c) Check another set of vital signs, blood pressure and heart rate, and include pulse oximetry with vitals until resolved
 - d) If glucose >400, consult on-call MD
 - e) If glucose <70, give patient fruit juice or oral glucose tablet
 - i) Recheck finger stick blood glucose after 15 minutes
 - f) If glucose <50 or "low" reading, give patient oral glucose and consult on-call MD
 - i) Recheck finger stick blood glucose after 15 minutes
 - g) If glucose does not respond to intervention and remains <70, but patient is responsive and has no seizure activity
 - i) Repeat oral glucose tablet
 - ii) Transport patient to ER for evaluation
 - h) If patient is unresponsive or has clinical seizure activity, with low blood sugar, or has urgent vital sign abnormalities, consult MD and call 911