Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

ADULT MEDICATION GUIDELINE	
Ketamine	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Restricted

HIGH RISK Medication

Medication Class

Anaesthetics

Presentation

Lozenge: 25 mg

Ampoule: 200 mg/2mL

Infusion Bag: 200 mg in 200 mL Sodium Chloride 0.9%

Compounded ointment and vaginal cream: various strengths (includes combinations with amitriptyline and estriol)

Storage

Store at room temperature, below 25°C

Schedule 8 Medication

Dose

Complex Pain Management

Refer to KEMH Clinical Guideline: Perioperative Services – Anaesthetics: Ketamine Infusion

Palliative Care

Seek specialist advice. Refer to Palliative Care

Administration

Refer to the Australian Injectable Drugs Handbook

IV Infusion

Refer to KEMH Clinical Guideline: Perioperative Services – Anaesthetics: Ketamine Infusion

IM injection

Inject undiluted into a large muscle.

SUBCUT injection

Suitable in palliative care.

IV Injection

Step 1 Dilution: Dilute the 200 mg/2 mL ampoule with 18 mL of water for injections or sodium chloride 0.9% to make a concentration of 10 mg/mL (200 mg in 20 mL).

Step 2 Administration: Administration should be under anaesthetist guidance due to variable dosing requirements

Oral Lozenge

Refer to Ketamine Lozenge – Patient Information Leaflet

Monitoring

Cardiac and respiratory function (including heart rate, blood pressure, respiratory rate, sedation score).

A transient rise in blood pressure of 20–25% can occur a few minutes after IV injection.[1]

Some patients may have involuntary movements of the arms and legs during IV infusion for anaesthesia.

Emergent reactions may occur during recovery and sometimes up to 24 hours later. These include vivid dreams, hallucinations, delirium and irrational behaviour. Reactions are less common with lower doses used for analgesia.

Urinary tract symptoms

There are reports of urinary symptoms including dysuria, frequency, suprapubic pain and haematuria associated with chronic ketamine misuse, as well as rare reports in patients prescribed regular ketamine for chronic pain. Symptoms may be reversible if ketamine is stopped but continued use could lead to severe, irreversible damage.

Pregnancy

1st Trimester: Considered safe to use

2nd Trimester: Considered safe to use

3rd Trimester: Considered safe to use

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Monitoring required

Use at the lowest effective dose for the shortest duration possible. Observe the breastfed infant for adverse effects such as excessive drowsiness, poor feeding or sleeping pattern changes

For more information, please contact KEMH Obstetric Medicines Information Service.

Comments

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

Perioperative Services – Anaesthetics: Ketamine Infusion

Palliative Care

WNHS Pharmaceutical and Medicines Management Guidelines:

High Risk Medicines

Department of Health:

S8 opioids and ketamine

References

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Keywords	ketamine, anaesthetics, opioid, sedation, pain, palliative, ketalar				
Document Owner:	Chief Pharmacist				
Author/ Reviewer	KEMH Pharmacy Department				
Version Info:	4.0				
Date First Issued:	05/2015	Last Reviewed:	27/08/2025	Review Date:	27/08/2030
Endorsed by:	Medicines and Therapeutics Committee			Date:	02/12/2025
NSQHS Standards Applicable:	☒ Std 1: Clinical Governance ☐ Std 2: Partnering with Consumers ☐ Std 3: Preventing and Controlling Healthcare Associated Infection ☒ Std 4: Medication Safety			☐ Std 5: Comprehensive Care ☐ Std 6: Communicating for Safety ☐ Std 7: Blood Management ☐ Std 8: Recognising and Responding to Acute Deterioration	
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