



## NHS South of Tyne and Wear

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and  
Sunderland Teaching Primary Care Trust

# SHARED CARE GUIDELINE

For

## Ketamine in Palliative Care

Implementation Date: 26.1.2011

Review Date: 26.1.2013

**This guidance has been prepared and approved for use within Gateshead in consultation with Primary and Secondary Care Trusts and Local Medical Committees. The guideline sets out the details of the transfer of prescribing and respective responsibilities of GPs and specialist services within shared care prescribing arrangements. It is intended to provide sufficient information to allow GPs to prescribe these treatments within a shared care setting**

### Further copies are available from

Lynn Cunningham	SOTW Medicines Management Team	Clarendon Windmill Hill Hebburn Tyne & Wear NE311AT Tel: 0191 283 1348

### Approved by:

Committee	Date
Gateshead Medicines Management Committee	26.1.2011

Name of drug:	<b>Ketamine</b>	Form and strength:	Ketamine oral liquid 50mg/5ml (Unlicensed) Ketamine injection 10mg/ml 20ml vial; 100mg/ml 10ml vial; 50mg/ml 10ml vial
Brand name:	Ketalar®	BNF Code:	15.1.1
<p>Conditions(s) to be treated:</p> <p>Pain in palliative care unresponsive to standard therapies</p> <p><b>Neuropathic pain:</b> Following a trial of strong opioids, anti-convulsants and Tricyclic anti-depressants +/- trial of high dose Dexamethasone.</p> <p><b>Other pains:</b> Which may respond to Ketamine:</p> <ul style="list-style-type: none"> <li>• Movement related pain.</li> <li>• Skin pain.</li> <li>• Mucosal pain.</li> </ul>		<p>Aim of treatment:</p> <p>To control pain not successfully settled with strong opioids, anticonvulsants and tricyclic antidepressants in line with the WHO analgesic ladder.</p>	
Excluded patients		<p>Ketamine should be avoided in patients with:</p> <ul style="list-style-type: none"> <li>• Raised intracranial pressure.</li> <li>• Severe systemic hypertension.</li> <li>• Raised intra-ocular pressure.</li> <li>• Recent history of epilepsy.</li> <li>• Recent history of psychosis.</li> </ul>	
Eligibility criteria for shared care		Following dose and drug stabilisation for at least 1 week in an in-patient setting	
Initiation		Ketamine is initiated by a specialist palliative care physician.	
Duration of treatment		Ongoing	
Usual Maintenance Dose		Starting dose 10mg qds orally or 50mg s/c in a syringe driver over 24 hours	
Usual Dose Range		40mg - 500mg oral or subcutaneously	
Maximum Dose		500mg / 24hour (subcutaneously) or 200mg QDS (orally)	
Available Strengths (Colours)		Ketamine oral liquid 50mg/5ml (Unlicensed) Ketamine injection 10mg/ml 20ml vial; 100mg/ml 10ml vial; 50mg/ml 10ml vial	
Preparations		<p>Liquid oral preparation prescribed 6 hourly.</p> <p>Ketamine for injection which is administered subcutaneously in a syringe driver over 24 hours when patients not able to take oral preparation.</p> <p>The precise conversion ratio of oral to subcutaneous Ketamine is unknown. In practice the conversion ratio of 1:1 is normally used.</p>	
Cost 28 days (Drug Tariff)		£ / month	
Adverse effects		Drowsiness, dizziness, palpitations, hypertension and nausea	
Incidence and actions to be		Hallucinations and other psychotic sequelae including	

taken	<p>dysphoria and vivid dreams. The incidence of psychotic effects can be reduced when drugs such as diazepam are also used.</p> <p>Also, problems may occur with opioid toxicity, when the patient is already taking a strong opioid for pain relief. For this reason, the total daily dose of opioid is reduced prior to commencing Ketamine.</p>	
Contra-indications	<p>Known hypersensitivity to the product          Raised intracranial pressure, severe hypertension, raised intraocular pressure, epilepsy, psychosis          Acute intermittent porphyria.</p>	
Renal impairment and liver disease	<p>No additional caution required</p>	
Pregnancy and breast feeding	<p>Not to be used</p>	
Monitoring	<p>No monitoring of blood required. Patient needs monitoring in terms of effectiveness of analgesia. If problems encountered in terms of ineffective analgesia or side effects, the specialist palliative care team to be informed.</p>	
Responsibilities	Consultant	<p>Initiation and dose titration.          Regular review by specialist palliative care team.</p>
	G.P.	<p>Reporting any problems with analgesia or side-effects to the specialist palliative care team.          Prescribe FP10</p>
Communications	Consultant	<p>GP to be informed of a patient being on Ketamine prior to discharge. Any changes in Ketamine prescription as outpatient to be communicated to GP on day of change.</p>
	G.P.	<p>GP to communicate any problem with analgesia or side effects to the specialist palliative care team</p>
Re- referral criteria	<p>It is not anticipated that a patient commenced on Ketamine will be discharged from the specialist palliative care service.</p>	
Contact details	<p>Consultant:</p>	
	<p><b>GATESHEAD</b>          Hospital &amp; Community Team: 0191 445 6403          Out of hours advice: 0191 273 3435</p> <p><b>SOUTH TYNESIDE</b>          Hospital Team: 0191 202 4105          Community Team: 0191 451 6396          St Clare's Hospice: 0191 451 6384          Out of hours advice: 0191 451 6384</p> <p><b>SUNDERLAND</b>          Hospital Team: 0191 565 6256 ext 47337          Community Team: 0191 569 9987          St Benedict's Hospice: 0191 569 9195          Out of hours advice: 0191 569 9195</p>	
<b>Agreed Date: 26.1.2011</b>	<b>Expiry date: 26.1.2013</b>	

Reference to full prescribing information:

- SPC
- Twycross R, Wilcock A. Palliative Care Formulary 3<sup>rd</sup> Edition 2007. Palliativedrugs.com
- NECN Palliative Care Group. Palliative Care Guidelines

## Appendix 2 Shared Care Request Form

- Consultant to complete **FIRST SECTION** of form
- GP to complete **SECOND** section and **RETURN** to **SECONDARY CARE TRUST CLINICIAN TEAM** if transfer declined.

### Section 1

Consultant	
Hospital address	
Contact Phone Number	

Patient's name	
Address	
This patient is stabilised on	
Dose	
Prescription for 28 days supply given on	

Compliance aid	YES/NO
Monitored by	
Designated community pharmacy	

Their treatment has been explained to them and a review has been arranged for

.....

Appointments to continue every ..... months

**Section 2**

Patient's name	
Address	

I do **NOT ACCEPT** the proposed Shared-Care Agreement for this patient

My reasons for not accepting: <b>Please complete this section</b>

Signed .....date.....

Please return to the Secondary Care Trust Clinician team at :

---

---

---