



Interdisciplinary Collaboration in Chronic Pain Management: Low Dose Ketamine Infusion

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Background

Despite tremendous efforts in pain management, half of the cancer patients suffer and die with pain. Quality of pain management has a direct effect on the patient perception in the value of cancer treatment.

The literature shows that low-dose ketamine infusion produces significant improvements in chronic pain.

Transitioning this traditional outpatient procedure to a non-operating room procedure setting can provide safer and more effective care, aligned with regulatory and credentialing agencies standards.

A need was identified for staff education, enhanced communication and inter-departmental collaboration to facilitate high-quality patient care.

Objective

The objective of this project was to ensure effective pain management through patient-centered and an interdisciplinary team-approach in procedural areas outside of the operating room.

Implementation

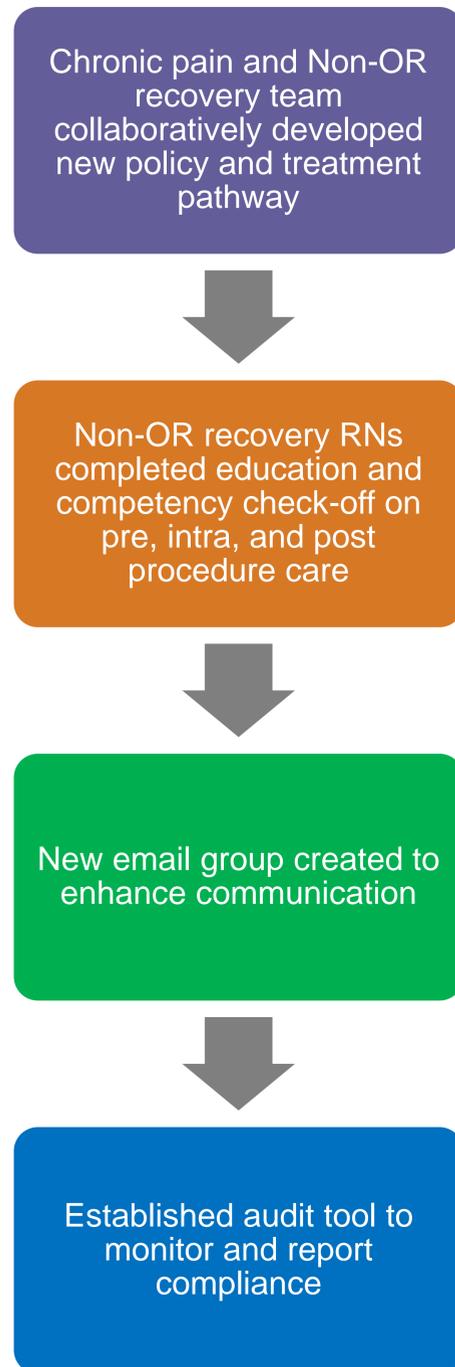


Figure 1. Low Dose Ketamine Infusion Audit Tool

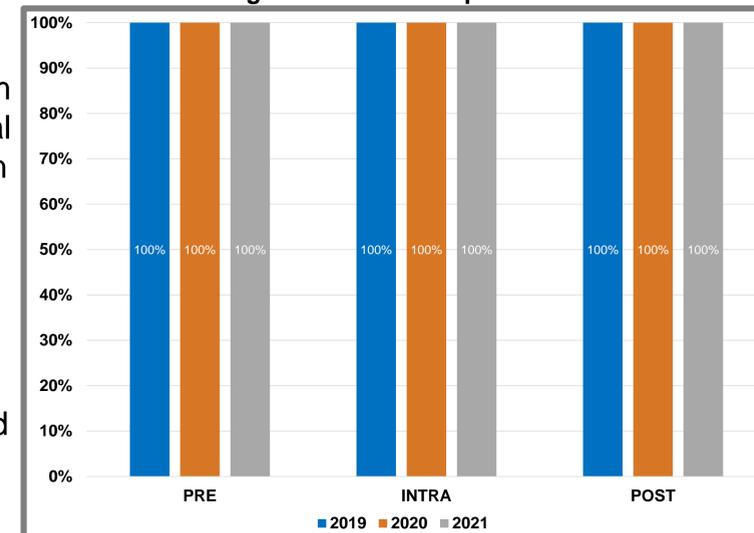
Pre-Procedure	Intra-Procedure	Post-Procedure
Was the Pre-op assessment completed?	Were the vital signs documented every 5 mins during the first 15 min infusion?	Was the RASS score documented every 15 mins for the 1st hour?
Were the allergies verified?	Were the vital signs documented every 15 mins until completion?	Were the vital signs documented every 15 mins during recovery?
Did the patient receive any pre-medication?	Was the RASS score documented every 5 mins for the first 15 mins of infusion?	Was the RASS score -2 or greater throughout the whole procedure?
Did the RN documented medication given by other (By MD)	Was the RASS score documented every 15 mins until completion?	Was the Head- Toe assessment completed?
Was there a ketamine infusion order in place with all components of the order?	Was the patient under continuous cardiac monitor?	Was the discharge criteria met documented?
Was the ketamine dosage ordered appropriately per policy?	Was the patient on continuous pulse oximetry?	Were the appropriate discharge instructions given?
Was the pain assessed prior to the procedure?	Was the patient on continuous ETC O2 monitoring?	Did MD physically see the patient prior to transfer or discharge
Was the appropriate pain scale used?	Were depth of respiration and wave form documented?	Was there a post procedure note by the MD?
Was the personal pain goal (PPG) documented?	Was MD at the bedside during first 15 min of the infusion?	The Patient had NO adverse events?
If the pain was greater than PPG, was the pain intensity documented?	Was the MAR completed?	
Was the time out documented correctly?		
Was the ketamine dosage verified by two RNs?		
Was there a HNP/Progress note indicating Ketamine infusion?		

Statement of Successful Practice

The transition of low-dose ketamine Infusion from the Chronic Pain Clinic to the Non-OR procedural and recovery area was completed successfully in September 2019. Since then, 27 chart audits of all low dose ketamine infusion patients shows 100% compliance in following institutional policy and nursing standard of practice (Figure 2).

Patient outcome was measured by efficacy of ketamine infusion in controlling pain. The pre and post pain scores of all patients receiving the treatment were compared in figure 3.

Figure 2. Audit Compliance



Implications for Perianesthesia Nursing

This project demonstrated the success of interdisciplinary collaboration in transitioning care from an ambulatory setting to the perioperative setting.

Appropriate education, guidance, and resources enable PACU nurses to assume new roles and to provide safe patient-centered care in the perioperative setting.

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P3 Non-OR Recovery Nursing Team
P3 Pediatric procedure Nursing Team

Figure 3. Low Dose Ketamine Infusion - Efficacy

