

# North Carolina EMS Ketamine Evaluation Form



**The NC EMS Ketamine Evaluation Form is required to be completed with all patients receiving ketamine in the pre-hospital environment as part of the pilot for the NC Medical Board. The Airway Evaluation Form is still required when ketamine is administered during Drug Assisted Intubation.**

### 1. Patient Demographic Information:

Date: \_\_\_/\_\_\_/\_\_\_ Dispatch Time: \_\_\_:\_\_\_ am/pm  
 PCR # \_\_\_\_\_  
 EMS Agency Name: \_\_\_\_\_  
 Patient Age (yr): \_\_\_\_\_ Patient Sex: M F  
 Estimated Patient Weight (kgs): \_\_\_\_\_

### 2. Glasgow Coma Score (GCS) before administration:

Eye	(1)	(2)	(3)	(4)	
Verbal	(1)	(2)	(3)	(4)	(5)
Motor	(1)	(2)	(3)	(4)	(5) (6)

### 3. Glasgow Coma Score (GCS) after administration:

Eye	(1)	(2)	(3)	(4)	
Verbal	(1)	(2)	(3)	(4)	(5)
Motor	(1)	(2)	(3)	(4)	(5) (6)

### 4. Crew Information:

### 5. Primary Protocol Utilized:

### 7. Patient Outcomes:

**Rescuer A**  
 State ID: \_\_\_\_\_  
 Credential: \_\_\_\_\_

Behavioral Pain  
 Other: \_\_\_\_\_

	Improved	Unchanged	Worsened
Excited Delirium			
Pain			
Sedation			

**Rescuer B**  
 State ID: \_\_\_\_\_  
 Credential: \_\_\_\_\_

### 6. Ketamine Route and Dose Details:

1<sup>st</sup> Dose: \_\_\_\_\_ IM IN IV/IO  
 2<sup>nd</sup> Dose: \_\_\_\_\_ IM IN IV/IO

### 8. Times and Vital Signs:

	Time	Heart Rate	Resp. Rate	Blood Pressure	Pulse Oximetry	ETCO <sub>2</sub>	Pain Scale
Pre-Admin Assessment	:			/			
Time of Administration	:						
Post-Admin Assessment	:			/			

### 9. Adverse Outcomes Noted:

### 10. Airway Management (if applicable):

### 11. Additional Medications Administered:

Allergic Reaction  
 Cardiac Arrest  
 Emergence Reaction  
 Laryngospasm  
 Respiratory Depression  
 Other \_\_\_\_\_

Bag Valve Mask  
 BIAD/ETT/LMA  
 Supplemental Oxygen (NRB/NC)  
 Surgical Cricothyroidotomy  
 Other \_\_\_\_\_

Morphine \_\_\_\_\_ mg  
 Fentanyl \_\_\_\_\_ mg  
 Haldol \_\_\_\_\_ mg   
 Midazolam \_\_\_\_\_ mg  
 Rocuronium \_\_\_\_\_ mg  
 Succinylcholine \_\_\_\_\_ mg  
 Vecuronium \_\_\_\_\_ mg  
 Other-Specify \_\_\_\_\_ - \_\_\_\_\_ mg  
 Other-Specify \_\_\_\_\_ - \_\_\_\_\_ mg

### 12. Advanced Airway Management (if applicable):

	Auscultation	ETCO <sub>2</sub>	Breath Sounds	Absent Epigastric
Placement Confirmation				
Tube Size			Tube Depth	
Method	BIAD	ETT	LMA	Other _____

### 13. Were pulses maintained while under EMS care?

Yes No

### 14. Signature of Receiving Physician/Healthcare Provider (Did Patient Require Immediate Airway Management?)

### 15. Signature of EMS Medical Director (Confirming Review of Completed Form)

Yes No Uncertain

Chart Review Done Remediation Required Approved

Date and Time: \_\_\_\_\_ : \_\_\_\_\_ am/pm

Date: \_\_\_\_\_