

# North Carolina EMS Ketamine Hospital Evaluation Form



The NC EMS Ketamine Evaluation Hospital Form is required to be completed with all patients receiving ketamine in the pre-hospital environment. This shall be part of the established QA/QI and Peer Review processes. Items in **RED** require notification to the NC OEMS within 48 hours.

## 1. Patient Demographic Information:

Date: \_\_\_/\_\_\_/\_\_\_    PCR # \_\_\_\_\_    EMS Agency Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_    DOB: \_\_\_\_\_

Patient Age (yr): \_\_\_\_\_    Patient Sex:    M    F    Estimated Patient Weight (kgs): \_\_\_\_\_

## 2. Receiving Facility and Physician:

Hospital Name: \_\_\_\_\_

Receiving ED Physician: \_\_\_\_\_

## 3. Primary Protocol Utilized:

Behavioral    Pain    DAI/RSI

Other: \_\_\_\_\_

## 4. Hospital Disposition:

Admitted to Floor                      Discharged from ED

Deceased in ED                      Other: \_\_\_\_\_

## 5. Ketamine Route and Dose Details:

1<sup>st</sup> Dose:

IM    IN  
IV/IO

2<sup>nd</sup> Dose:

IM    IN  
IV/IO

## 6. Patient Complications: (Check all that apply)

Cardiac arrest

Under care of EMS

Under care of hospital

Emergence reaction

Injury to patient

Injury to providers

Minor hallucinations

Significant hallucinations with additional sedation required

Hypertension requiring intervention

Laryngospasm

Managed with BVM

Intubation required

Respiratory depression requiring intubation at hospital, secondary to ketamine administration

Unexpected prolonged sedation at the hospital

Other hospital complications

Explain: \_\_\_\_\_

## 7. System Review:

OEMS notified

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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