

# ESM – Ketamine Clinical Record

Date \_\_\_\_\_ Facility \_\_\_\_\_ ESM - Ketamine Provider name \_\_\_\_\_ ESM - Ketamine Provider cell phone \_\_\_\_\_

Surgeon/proceduralist name \_\_\_\_\_ Patient Name \_\_\_\_\_ Patient cell phone \_\_\_\_\_

Patient Age \_\_\_\_\_ Patient Gender \_\_\_\_\_ Patient Weight (best estimate) \_\_\_\_\_ Procedure being performed \_\_\_\_\_

Pertinent past medical and surgical history \_\_\_\_\_

Current medications \_\_\_\_\_ Allergies \_\_\_\_\_

Complications \_\_\_\_\_

If you previously (prior to ESM-Ketamine training) would have called an anesthetist for the procedure/operation, please attempt to call for an anesthetist prior to proceeding.

Anesthetist called: (name) \_\_\_\_\_ Time: \_\_\_\_\_

Reason not available (circle one): Emergency Delay would compromise care Financial Other (please indicate reason): \_\_\_\_\_

	Vitals Before Ketamine	At 30 seconds	At 2 minutes	At 5 minutes							Vitals at End of Procedure	Vitals once Awake
<b>Time</b>												
<b>Dose</b>												
<b>RR</b>												
<b>HR</b>												
<b>BP</b>												
<b>PO</b>												
<b>Hal</b>	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>Emesis</b>	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>RS</b>	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>Hypersal.</b>	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>Oxygen flow rate</b>	____ L	____ L	____ L	____ L	____ L	____ L	____ L	____ L	____ L	____ L	____ L	____ L
<b>MS</b>	A/D	A/D	A/D	A/D	A/D	A/D	A/D	A/D	A/D	A/D	A/D	A/D
<b>Other drug?</b>												
<b>Dose</b>												
<b>Time</b>												

**RR** – respiratory rate

**HR** – heart rate

**BP** – blood pressure

**PO** – pulse oximetry

**Hal** – hallucinations (yes – Y /no - N)

**Emesis** – (yes – Y /no - N)

**RS** – respiratory support (yes - Y /no - N)

**MS** – mental status (Awake – A / Dissociated – D)

**Hypersal.** – hypersalivation – (yes – Y /no - N)

**Baby alive at delivery** - (yes - Y/ no - N)

**Baby alive at discharge** - (yes - Y/ no - N)

**Baby Apgars**

Min 1: \_\_\_\_\_

Min 5: \_\_\_\_\_

Min 10: \_\_\_\_\_

**Lowest PO during procedure** \_\_\_\_\_

**Length of time PO <92%** \_\_\_\_\_

**Check box if any of the following medications below were used, and write the total dosage used:**

- Diazepam: \_\_\_\_\_
- Hydralazine: \_\_\_\_\_
- Promethazine: \_\_\_\_\_
- Compazine: \_\_\_\_\_
- Atropine: \_\_\_\_\_