

CONSENT FOR KETAMINE INFUSION

Before you decide to take part in this procedure it is important for you to know what it will involve. Please read the information below closely and discuss it with friends and family. Also feel free to contact Cottonwood Family Medicine with anything that is unclear or if you would like more details. Your signature on this consent form will show that you have received all the information below and you were able to discuss any questions and concerns you had.

Ketamine has been approved by the FDA for anesthesia and for sedation during medical procedures for close to 50 years. Although research supports the use of Ketamine for the treatment of depression, PTSD, and chronic pain, at this time there is no FDA approval, administering Ketamine for this purpose is considered an off-label use.

Procedure

An IV line will be started in your hand or arm by Dr. Miller. Your blood pressure, heart rate, and oxygen saturation will be monitored throughout the infusion procedure under a physician's supervision. A mental health therapist will also be with you to support you during the infusion. You will be given a sub-anesthetic dose of Ketamine by slow, continuous infusion. The duration of the infusion will be approximately 45 minutes to 1 hour. The dose and rate of your infusion will be determined by Dr Miller based on your symptoms. Adjustments to the dose and rate may be made based on your response. This is done to maximize the effectiveness of your infusion.

Risks/side effects

The dose being used for this purpose is lower than anesthetic doses and will be given by slow, continuous infusion. The incidence of side effects is higher with higher doses and prolonged infusions. Side effects are often short lived and go away on their own.

Common side effects: greater than 1% and lower than 10%

- hallucinations, flashbacks, sadness, anxiety, restlessness, insomnia and disorientation
- vivid dreams, nightmares
- out of body experienced during infusion
- change in motor skills
- nausea and vomiting
- increased saliva production
- dizziness, blurred vision
- increase in blood pressure and heart rate during infusion

These symptoms dissipate when the infusion is stopped. **You should not drive the day of your infusion and can resume driving the following day.**

Uncommon side effects: greater than 0.1% and less than 1%

- rash
- double vision
- pain/redness/bruising at IV injection site
- Increased pressure in the eye
- jerky arm movement resembling a seizure

Rare side effects: greater than 0.01% and less than 0.1%

- allergic reaction
- irregular or slow heart rate
- drop in blood pressure
- cystitis of the bladder, inflammation, ulcers, and fibrosis

Even more side effects up to and including death are possible but extremely unlikely, such as a fatal allergic reaction to the medication.

There are risks of other medications interacting with Ketamine. It is very important to disclose all medications (prescriptive and non) that you are currently taking. If you are taking any sedatives they need to be held the day of the procedure!

There are no guarantees to this procedure. Although research on Ketamine supports strong and robust results, it may not help your symptoms.

Benefits

Unlike other conventional antidepressant treatments, Ketamine has been shown to rapidly decrease depression and PTSD symptoms. It has also been shown to be helpful with a variety of chronic pain syndrome. The initial infusion is done to extend the longevity of improvement. There are no guarantees as to an individual response. The reduction of symptoms may not be long lasting and will most likely require further infusions. Nasal administration of Ketamine can follow the infusions as maintenance treatment.

Safety Precautions

- I will not eat or drink for at least 2 hours prior to each infusion. . I will take all my morning medications with a small sip of water. **Exceptions to this are Lamictal, any benzodiazepines, any sedating drugs including narcotic pain medications or illicit drugs.**
- I will not drive a car, operate hazardous equipment, or engage in hazardous activities for 24 hours after each treatment. I have arranged for a ride home from my infusion and understand I can not take public transportation or a taxi home.
- I will not conduct business or make any important decisions for the remainder of the day after an infusion.
- I must disclose to the clinic all the medication I am taking especially barbiturates, narcotic pain medication and any illicit drugs.
- I must tell the clinic if I could possibly be pregnant.**

-If I experience any troublesome side effects after I leave I will call the clinic at 208-995-2875 or my primary physician during business hours. After hours I will call 911 or go to the local emergency room.

Ketamine is meant to add to, not take the place of comprehensive treatment plans. I agree to be under the care of a qualified mental health professional and/or a primary care physician while receiving Ketamine infusions. Pain patients need to be under the care of a pain management physician. We provide Ketamine infusions only, we do not diagnose nor provide comprehensive pain management. We do not offer counseling outside of the treatment session.

Depression, PTSD, and chronic pain carry the risk of suicidal ideation. Any such thoughts which can not be immediately addressed during an infusion should prompt emergency care either by calling 911 or visiting an emergency room.

Dr Miller has the right to stop the infusion at anytime. He may stop the infusion with or without my consent for any reason.

-I agree to allow Cottonwood Family Medicine to access any information pertaining to my mental health care and permission to speak to my mental health provider in order to discuss observations during the infusions.

-I am aware that Ketamine is not FDA approved for the purpose of treating depression, PTSD or chronic pain.

-I am aware that my taking part in this procedure is by choice, I can withdraw treatment at anytime and that my doctor may stop the infusion without my consent.

-I am aware that there is no guarantee that Ketamine infusions will help my symptoms.

-I was given the opportunity to have any questions or concerns addressed. Risks and alternative treatment options have been discussed with me.

Signature _____ date _____

Witness _____ date _____

