



# Paperflower Psychiatry, LLC.

## Ketamine Assisted Psychotherapy Before and After Care

### Instructions For Pre- and Post-treatment With KAP

To have safe and effective treatment, it is important that you adhere to the following pre- and post-visit instructions:

#### Before your appointment:

- Plan to be at the clinic **at least 20 minutes** before your infusion
- **Arrange to have someone available to drive you home** after the infusion
- Plan to be in the clinic for an **additional 1-2 hours after the infusion for monitoring & recovery**. For example, if you are going to have a 40-minute infusion, be prepared to be here for about 2 hours.
- **Avoid eating any solid food 4 hours prior to treatment.** You may have clear liquids up to 2 hours prior to your treatment.
- You must **abstain from the use of alcohol, cannabis, and other illicit substances** for a period **24 hours before treatment** and **24 hours after treatment**.
- **Do not take any opioid pain medication for at least 6 hours prior** to your infusion.
- **You can take your regular medications as normal on the day of treatment.** If you are taking any of the following medications, you must hold them the day of your treatment:
  - **Stimulants** that can increase your blood pressure and heart rate
  - **Benzodiazepines** such as Xanax, Klonopin or Ativan.
  - **Lamictal** (Lamotrigine)
  - **MAOIs**

#### After your appointment:

- **You may not operate heavy machinery or drive motor vehicles for 24 hours after** the ketamine treatment. Ensure you have someone to drive you home.
- **You should not make any life changing or legal decisions for up to 12 hours after** the infusion.
- **A light meal is recommended** after the infusion
- **Do not take benzodiazepines or opioid pain medication for at least 4 hours after** your infusion.
- **Abstain from alcohol, cannabis, and other illicit substances for 24 hours after** your infusion.
- **Monitor your IV site for redness, pain, warmth, or swelling.** This could be a sign of infection or an adverse reaction.
- **Continue routine follow up** with your mental health and/or primary care provider for continued treatment.
- **If any mild side effects occur** such as increased anxiety, hives, nausea, restlessness, or any additional non-life-threatening symptoms, **please call (YOUR CLINIC AND NUMBER) immediately.** If it is after hours, then please report to your closest urgent care or emergency department.
- **If any type of adverse events occurs** such as suicidal ideation, psychosis, shortness of breath, trouble swallowing, chest pain, severe headache, changes in consciousness, or anything else that is concerning, **call 911 or report to the emergency department immediately.**



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## Additional instructions:

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If you have any additional questions or concerns related to medications/side effects, please feel free to reach out to Paperflower Psychiatry via **call/text at 928-504-4700**.

## Your next appointment date and time:

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*\*\*I acknowledge that I understand the instructions that need to be followed prior to and after my treatment. I certify that I will follow these instructions and notify Paperflower Psychiatry of any changes in my condition or drug use, prescribed or illicit.\*\**

Printed Patient Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

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