

HOW-TO GUIDE FOR PROVIDERS: PREPARING PATIENTS FOR KETAMINE TREATMENT



Helping Patients Understand Benefits, Risks & Expectations

Ketamine treatments, whether intramuscular (IM) or via Spravato (nasal esketamine), can provide rapid symptom relief for individuals with depression, PTSD, anxiety, or suicidality. However, informed consent involves more than a signature. This guide supports providers in delivering clear, compassionate education so patients feel grounded, prepared, and safe.

GENERAL INFORMATION FOR PATIENTS

WHAT IS KETAMINE?

- Originally developed in the **1960s as a dissociative anesthetic** with a strong safety profile.
- **Does not cause apnea or hypotension**, which makes it safer than many anesthetics.
- Widely used in **Vietnam War trauma care** due to its ability to preserve breathing and circulation, even in battlefield conditions.
- Referred to as a **“buddy drug”** because it was considered safe enough for soldiers to administer to each other.
- Originally used for anesthesia in doses exceeding 2 mg/kg.
- Commonly used in pediatric settings for procedural pain and sedation, as children tend to tolerate the dissociative effects well.

Even at higher doses, ketamine tends to protect airways and breathing. This feature is one reason it continues to be used for children who need sedation for medical procedures.

KETAMINE IN MENTAL HEALTH CARE

- Used **off-label** to treat:
 - Treatment-resistant depression (TRD)
 - PTSD
 - Anxiety disorders
 - Suicidality
 - Persistent sadness and hopelessness
- **Antidepressant effects can appear within 40 to 120 minutes** and may last **3 to 7 days** after a single dose.
- This **rapid onset** is unique compared to oral antidepressants, which typically take **4 to 6 weeks** to show an effect.
- Duration and magnitude of relief vary by individual.

Monitoring treatment response over several sessions helps guide next steps. Patients will be observed to understand their unique pattern of response and identify what is working.



KEY POINTS TO INCLUDE DURING INFORMED CONSENT

1. THIS MAY HELP, BUT IT IS NOT A GUARANTEE

Many individuals experience symptom relief with ketamine, but not everyone responds. Effects can vary from person to person and may be unpredictable.

- Some patients need several sessions to feel an effect.
- Others may notice only subtle improvements rather than dramatic change.
- Ketamine may not replace other forms of therapy or medication.



What helps:

Use phrases like “a tool, not a cure” or
“we’re building a bigger picture of care together.”

2. COMMON SIDE EFFECTS (EXPECTED AND TIME-LIMITED)

Use plain language and normalize the experience:

Symptom	How to Explain
Dissociation	You might feel disconnected from your body or surroundings.
Dizziness	It is common to feel off-balance or floaty.
Nausea	Some people feel queasy. We will offer support if it happens.
Headache	A mild headache can occur as the medicine wears off.
Elevated Blood Pressure	We monitor this because it is a known and usually temporary effect.


3. LESS COMMON BUT SERIOUS RISKS

Patients must be informed of these potential risks, even if they are rare:

Risk	How to Explain
Panic or distress	Occasionally, people feel overwhelmed or scared. We will stay with you and provide support.



3. LESS COMMON BUT SERIOUS RISKS



Risk	How to Explain
Hallucinations	Some people see or hear things that are not there. This is not uncommon and is usually short-lived.
Hypertensive crisis	Extremely rare. We monitor blood pressure closely to catch any concerns early.
Sedation	You might feel very slowed down or quiet. This typically resolves within an hour.
Allergic reaction	Uncommon, but we are trained to respond immediately if it happens.

4. WHAT THE EXPERIENCE MAY FEEL LIKE

In addition to physical symptoms, patients may experience non-ordinary states of consciousness:

- Altered sense of time (minutes may feel like hours)
- Dreamlike or out-of-body sensations
- Heightened emotional sensitivity
- Trouble speaking or forming words

Explain that these effects are temporary and part of how ketamine works in the brain.

5. SET AND SETTING MATTER

Help the patient feel emotionally prepared and physically safe:

- Encourage setting a calming intention before the session
- Offer earplugs, soft lighting, blankets, or music

Minimize interruptions during dissociation unless safety requires it



6. CULTURAL AND PSYCHOLOGICAL CONSIDERATIONS

Take time to understand patient context:

- Ask about trauma history and sensory sensitivities
- Clarify consent again right before administration, especially if the patient may experience dissociation
- Use accessible, culturally sensitive language



KEY POINTS TO INCLUDE DURING INFORMED CONSENT

7. CONTRAINDICATIONS AND PRECAUTIONS

Not every patient is a good candidate. Review these factors before starting treatment:

- Uncontrolled high blood pressure
- Current psychosis or manic episode
- History of ketamine use disorder
- Pregnancy (unless medically necessary)
- Serious cardiac conditions

8. AFTERCARE AND FOLLOW-UP

Support doesn't end when the patient leaves:

- Offer integration check-ins to help patients process their experience
- Encourage journaling or reflection the next day
- Explain typical protocols (for example, 6 to 8 sessions followed by reassessment)

WHAT PATIENTS AGREE TO (AND WHY)

These safety measures are in place to protect patient well-being and ensure appropriate medical oversight.

- **Stay onsite (at least 90 minutes for IM ketamine, 2 or more hours for Spravato).**
 - Even if the patient feels fine early in the visit, effects can change. Onsite monitoring allows for timely support if needed.
- **Allow vital sign and mental status monitoring.**
 - Vital signs and mental status will be checked regularly to ensure safety throughout the treatment session.
- **Avoid driving or strenuous activity until the next day.**
 - Judgment and coordination may remain impaired for several hours, even if the patient feels fine.
- **Confirm transportation.**
 - Patients must arrange safe transportation home with a trusted adult or rideshare service. This requirement is in place for their safety.
- **Complete a full medical and psychiatric evaluation.**
 - A comprehensive evaluation is required before starting treatment to identify any safety concerns or medical contraindications.



TIPS FOR PROVIDERS

- Speak slowly and allow time for reflection.
- Use metaphors that fit the patient's background (for example, "a tool in your toolbox" or "like jumpstarting a battery").
- Invite questions. Ask whether any part of the explanation was unclear or if the patient would like more detail.
- Repeat key concepts in future visits to reinforce understanding.
- Affirm autonomy throughout the process. Use empowering statements such as:
 - "You are in control of your body and your care."
 - "You can pause or stop the treatment at any time."
 - "Let's check in again before we begin."

