Use of Ketamine in Palliative Care

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Aims

Ketamine is an anaesthetic agent that can be used as an analgesic in palliative care. A variety of routes and regimens have been described. The literature provides only limited evidence to support particular regimens. A potential side-effect of ketamine use is urinary tract toxicity. A supra-regional audit was undertaken to look at the use of ketamine, and the attitudes and experiences of healthcare professionals of its use.

Methods

Healthcare professionals, including doctors, nurses and pharmacists, completed an internet survey on their attitudes towards the use of ketamine. Alongside this, data on the use of ketamine was collected prospectively via a data collection proforma.

Results

50 professionals of varying professions and grades completed the survey on the use of ketamine. During the prospective 7 month data collection period, there were 39 uses of ketamine.

Professionals felt more confident in the use of ketamine compared to methadone, however only 58% had been involved in initiating ketamine in the previous 12 months. Confidence in managing urinary symptoms in patients taking ketamine was low.

There was a lack of consensus over the preferred route of use. Professionals’ previous experiences of using ketamine influenced the route and regimen selected. Titration regimens also varied between different units and clinicians.

The majority of patients’ opioid dose remained unchanged after the initiation of ketamine. Where it was decreased, this was done after side-effects were observed rather than as ketamine was first introduced. The degree to which patients were monitored during the titration phase differed from unit to unit.

Conclusion

There is currently no standardised regimen for using ketamine in palliative care. Professionals’ previous experience of ketamine influences their practice. Regional guidelines on the use of ketamine as an analgesic will be introduced as a result of this audit.