Ashgate Hospice

Off licence medications audit

Background

Ketamine is a dissociative anaesthetic which has analgesic properties in sub-anaesthetic doses. Ketamine is used in palliative care settings, outside of its UK marketing authorisation, for neuropathic pain which is unresponsive or poorly responsive to first line analgesics. It has also been used for phantom limb and ischaemic pain along with intractable incident pain.

Aim

To determine if Ketamine is being used appropriately on the Inpatient Unit and if our patients are benefiting from its use.

Methodology

Retrospective audit of inpatients newly commenced on Ketamine between January 2021 and August 2021.

Results

Ten patients were commenced on Ketamine as inpatients during the eight month period (January – August 2021).

All of the patients had been treated with first line analgesics prior to a trial of Ketamine.

All of the patients had a documented decision to commence Ketamine with a documented indication and regime (**Table 1**).

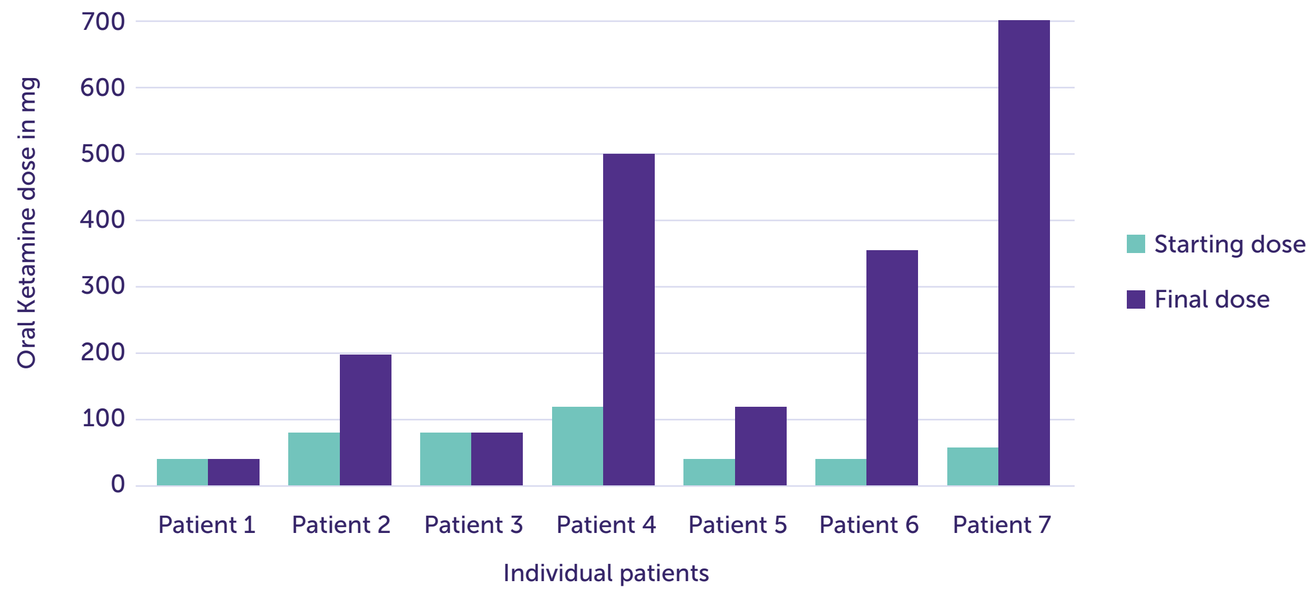
All of the patients commenced on Ketamine who were not at the end of life had baseline liver function tests and a full set of observations checked. A total of nine out of the 10 patients were commenced on regular Ketamine.

The patient who was not commenced on regular Ketamine was prescribed Ketamine on a PRN basis for uncontrolled pain at the end of life. They subsequently only used two further doses.

Seven of the nine patients prescribed regular Ketamine had additional medications co-prescribed (**Table 2**).

All of the patients commenced on regular Ketamine who were not at end of life had a full set of observations recorded daily during the titration phase.

Oral Ketamine starting dose and maximum doses



Subcutaneous Ketamine starting dose and maximum doses

Benefit

Ten patients in total were prescribed Ketamine. Eight of the 10 patients (80%) had a documented improvement in pain. This is comparable with previous audits (83.3% in 2020 and 75% in 2019).

Side effects

One patient had documented side effects with the Ketamine. The patient was commenced on oral Ketamine 20mg QDS without adjuvant medications. It was discontinued after one day due to lack of benefit and confusion. The patient was also treated for infection at the time which may have been the cause of the confusion.

The outcomes for the nine patients commenced on regular Ketamine are included below (**Table 3**). The patient discharged on Ketamine had follow up arranged with CNS and provisions made for ongoing prescriptions (via Consultant outpatient appointments).

Conclusion

This audit again shows good practice in the prescribing of Ketamine for patients admitted to our hospice Inpatient Unit. All of the patients treated with Ketamine had received alternative analgesics prior to commencing Ketamine. The indication and regime were documented in the medical notes for all patients.

The majority of patients had a documented improvement in their pain, comparable with previous audits.

Table 1. Indication for Ketamine use

Indication	Number of patients
Uncontrolled pain	6
Uncontrolled pain in last days of life	2
Neuropathic pain	1
Peripheral vascular disease	1

Table 2. Additional medications co-prescribed with Ketamine

Drug	Number of patients
Haloperidol	2
Clonazepam	4
Haloperidol + Clonazepam	1

Table 3. Outcomes for the nine patients commenced on regular Ketamine

Outcome	Number of patients
Discharged	1
Discontinued	1
Died	7

Report compiled by Caroline Facey. Start and End Date of Audit: December 2021-Jan 2022.