Ujuzi
Practical Pearl/ Perle Pratique

Eric Hodgson

Departments of Anaesthesia, Critical Care and Pain Management, Addington Hospital and Nelson R Mandela School of Medicine, Ethekwini-Durban, KwaZulu-Natal, South Africa

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Ujuzi is intended to be a regular feature for colleagues to share practical interventions, innovations and novelties that have proved useful in the management of patients in the prehospital environment or Emergency Centre. You can let Ujuzi know about your practical ideas by emailing practicalpearl@afjem.com.

Intramuscular ketamine for sedation of patients in danger and/or endangering others

Prehospital and emergency department staff are regularly faced with patients with acute confusion due to acute intoxication and/or metabolic disorders. These patients can hurt themselves and those attempting to care for them.

A tragic example seen in KwaZulu-Natal (South Africa) recently was a paramedic tending to a patient who had been stabbed by an acutely psychotic patient who was subsequently stabbed to death himself.

Safety can be improved in these cases by the judicious use of intramuscular ketamine.1 This dose provides profound dissociative sedation within 5 min. Ketamine is best administered into the deltoid muscle or anterior thigh. The highest concentration of ketamine available (100 mg/ml) is most appropriate and will allow administration of the required dose in less than 5 ml.

The patient should be left alone as far as possible after injection until sedation ensues.

● The first intervention after sedation arises should be application of a pulse oximeter. Saturation of > 95% on room air tends to exclude major metabolic disorders and favours acute psychosis and/or intoxication.

● Saturation of < 95% warns the patient has more than psychosis and/or intoxication and needs to be evaluated for an underlying medical disorder including cardiac, respiratory, renal or hepatic failure.

Reference