



Fax: _____ Phone: _____

Name _____

DOB _____

ID# _____

Weight _____ Date _____

Ketamine for Depression Order

Diagnosis: (ICD-10 code) _____ - Description _____

For Provider

(Circle all that apply)

- Request macronutrients lab test
- Request CBC
- Request BMP
- Request G6pd deficiency (Required for any infusion involving vitamin C)

Infusion Medication

- Zofran 4-8mg IV for nausea
- Notify anesthesia provider if the following drugs are needed. Anesthesia provider must approve prior to administration
 1. Labetelol 5mg IV x 3 doses prn q 15 minutes for SBP over 160 with HR above 60
 2. Midazolam 1-2mg IV for anxiety
 3. Haldol 0.5mg IV for agitation

Diphenhydramine 6.25mg-12mg IV for itching

Pre-Meds

If no pre medications needed please leave blank

- _____
- _____
- _____
- _____
- _____

Additional Orders

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____