Why Do They Call It Special K? The How, When, Why, and What-Ifs of Using Ketamine in the Palliative Care Setting (SA513)

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Objectives
• Identify three unique pharmacologic properties of ketamine.
• Identify three challenges and three benefits of the use of ketamine in the palliative care setting.
• Collect three tools to develop a protocol for ketamine use and implementation in one’s own palliative care practice.

The N-methyl-D-aspartate (NMDA) receptor is involved in both the sensitization of central neurons and the functioning of the opioid receptor, and there is evidence that one NMDA receptor antagonist, ketamine, has analgesic properties. At subanesthetic doses, ketamine may be used as a brief infusion for treatment of severe refractory pain or as a more prolonged infusion, typically at the end of life. Ketamine has also been delivered orally and intranasally to patients in the palliative care setting. The evidence to support the benefit of ketamine as an adjuvant to opioid therapy is quite limited. Nevertheless, this approach continues to be used by experienced pain and palliative care clinicians, particularly in the setting of otherwise refractory neuropathic pain at the end of life. The goal of this session is to review the literature involving ketamine use in the palliative care setting, review its pharmacokinetics and pharmacodynamics, relay case studies to delineate the challenges and benefits of ketamine use, and enable practitioners to implement the use of ketamine in both pediatric and adult palliative care settings.