## SURVEY ON THE USE OF KETAMINE

Your type of practice:	
Public non-teaching Hospital $\square$ , Public Teaching Hospital $\square$ , Private	hospital $\square$ ,
Anaesthesiology $\square$ , Intensive Care $\square$ , Emergency $\square$ , Chronic Pai	n 🗆
Adults only $\square$ , Paediatrics only $\square$ , Adults and Paediatrics $\square$	
Position:	
Staff $\square$ , Fellow $\square$ , Professor $\square$ , Private practitioner $\square$ , Resident	
<b>Age:</b> $\leq 40$ years $\Box$ , $40-50$ years $\Box$ , $> 50$ years $\Box$	
<b>Do you use ketamine ?</b> YES $\square$ NO $\square$	
If NO: end of questionnaire	
If YES:	
1- Type of patients :	
<ul> <li>Chronic pain patients? YES □ NO□ NA□</li> <li>Non-chronic pain patients? YES □ NO□ NA□</li> <li>Patients older than 75 years old? YES □ NO□</li> <li>Conscious patients? YES □ NO□</li> </ul>	A   I  NO   NA
2- Where do you use ketamine?	
<ul> <li>In the operating room?</li> <li>In the PACU?</li> <li>YES □</li> <li>NO □</li> <li>NA □</li> <li>In ICU?</li> <li>YES □</li> <li>NO □</li> <li>NA □</li> </ul>	NA □
<ul> <li>In the emergency room? YES □ NO □</li> <li>During pre-hospital care? YES □ NO □</li> </ul>	NA □ NA □
• During pre-nospital care? YES □ NO□     • In the ward? YES □ NO□ NA□	INA 🗀

## 3- When ketamine is administered outside of the OR, which parameters do you monitor during ketamine administration?

<ul> <li>No specific mon</li> </ul>	itoring	g:	YES		NO			
• Heart rate:	YES		NO					
• Pulse oximetry:				NO □				
Blood pressure:				0 🗆	wo 🗆			
• Level of conscio					NO 🗆	. Dation	to one DACI	· I 🗆
During ketamin	e aumi	mistrai	.1011 III C	nrome pa	in patients	: Patien	its are, PAC	J∟,
ward $\square$ , other	$\Box$ , if o	ther, sp	ecify	NA □				
4- Which indication	ns for	Ketan	nine?					
				T A 🖂				
For acute pain: YES	,	NO	□ N	IA □				
If yes:								
Anti-hyperalgesia pi	reventi	ion? Y	ES 🗆	NO 🗆	NA □			
In this case,								
- Do you use ketami	ne intr	aopera	tively o	nly? YES	$\square$ N	0 🗆	$NA\;\square$	
- As analgesic and hy	ypnoti	c durin	g surge	ry? YES		NO □	NA $\square$	
- As the first medica	tion in	line to	treat p	ostoperat	ive pain?	YES		10 🗆
NA □								
- As a rescue after n	on-opi	ioid me	edicatio	ns failure?	? YES		NO □	NA □
- As a rescue after o	pioid n	nedicat	ions fai	lure?	YES		NO □	NA □
if yes, what is the th	reshol	d opioi	d dose t	o adminis	ster ketami	ine ?		
•		•						
For chronic pain:	YES		NO □	NA □				
If yes:								
- Cancer pain:	YES		NO □	NA □				
- Neuropathic pain:	YES		NO □	NA □				
- Inflammatory pain	:	YES		NO □	NA □			
- Palliative care:	YES□		□ 0	NA □				
	1 20	1,	. • -	- 14.4				
• Other: NO $\square$	, YES	□ , S]	pecity:.					

## 5- Dosage and modalities of administration of ketamine

(several answers allowed):
<ul> <li>IV bolus? NO □, YES □ If yes, specify dosage</li> <li>Do you repeat the bolus? never □, once□, more than once □</li> <li>A continuous IV infusion without IV bolus? NO □, YES □ If yes, specify</li> </ul>
dosage
<ul> <li>dosage</li> <li>Ketamine – Morphine PCA? NO □, YES □ If yes, specify dosage</li> <li>After intraoperative continuous IV infusion, do you continue during postoperative</li> </ul>
period? NO □, YES □, SOMETIMES □, If yes or sometimes, how long?  • For chronic pain patients, do you use bolus? NO □, YES □ If yes, specify dosage
• For chronic pain patients, do you use continuous IV? NO $\Box$ , YES $\Box$
SOMETIMES $\square$ , If yes or sometimes, how long and which dosage?
dosage  • Do you use oral ketamine? NO $\square$ , YES $\square$ NA $\square$ if yes, specify dosage
6- Side effects
Amongst the following side effects, which do you fear during ketamine administration:
- Psychedelic symptoms: YES □ NO □ - Hallucinations: YES □ NO □ - Hypertension: YES □ NO □ - Tachycardia: YES □ NO □ - Intracranial hypertension: YES □ NO □
- Sedation: YES □ NO □ - Vigilance decrement: YES □ NO □
7- Other:
Do you have institutional protocols on ketamine administration?
YES $\square$ NO $\square$
Are you aware of the SFAR guidelines on the use of ketamine?

YES		NO □
C		
Comn		
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Thanks for your participation