IM KETAMINE TREATMENT PROTOCOL (MEDICAL MODEL)

VERSION 1.10

1. PURPOSE & CLINICAL RATIONALE

TULSA FAMILY PSYCHIATRY & WELLNESS (TFAM) PROVIDES INTRAMUSCULAR (IM) KETAMINE TREATMENT AS A MEDICAL INTERVENTION FOR TREATMENT-RESISTANT MOOD AND ANXIETY DISORDERS, MODELED ON THE ESTABLISHED IV KETAMINE LITERATURE.

This protocol intentionally distinguishes:

- **Medical ketamine treatment (Track A)**
- **Ketamine-Assisted Psychotherapy (KAP) (Track B)**

Psychotherapy is not required for antidepressant efficacy and is not routinely provided during medical ketamine sessions.

This distinction preserves:

- Clinical clarity
- Billing integrity
- Scope-of-practice alignment
- Audit defensibility

2. TREATMENT TRACKS

TRACK A — IM KETAMINE (MEDICAL ONLY)

- Biologically focused intervention
- No psychotherapy during dosing session
- Target dissociation: Stages 1–2
- Session length: 90–120 minutes
- Patient-paid ketamine administration fee

TRACK B — KETAMINE-ASSISTED PSYCHOTHERAPY (KAP)

- Psychotherapeutic intervention using ketamine
- Therapist present during dosing
- Target dissociation: Stages 3–4
- Separate protocol (not covered in this document)

This document governs Track A only.

3. INDICATIONS

IM ketamine may be offered to adult patients with:

- Treatment-resistant major depressive disorder
- Bipolar II depression (no mixed or manic states)
- PTSD
- Severe anxiety disorders
- Chronic suicidal ideation (without imminent intent)
- OCD (case-by-case)

All patients must undergo a medical and psychiatric evaluation prior to initiation.

4. CONTRAINDICATIONS & EXCLUSIONS

ABSOLUTE / TEMPORARY CONTRAINDICATIONS

- Uncontrolled hypertension
- Recent myocardial infarction (< 12 months)
- Recent stroke (< 12 months)
- Active psychosis
- Active mania or hypomania
- Pregnancy or breastfeeding
- Ketamine hypersensitivity
- Acute substance intoxication or withdrawal

VITAL SIGN PARAMETERS

- BP must be ≤150/90 prior to administration
- Elevated BP may be managed per clinic protocol or treatment deferred

5. PRE-TREATMENT REQUIREMENTS

BEFORE FIRST IM KETAMINE SESSION:

- Comprehensive psychiatric evaluation
- Medical history review and medication reconciliation
- Baseline symptom assessment (e.g., PHQ-9, MADRS, QIDS-SR, GAD-7)
- Review of risks, benefits, and alternatives
- Informed consent signed
- Transportation arranged (no driving post-treatment)

6. DOSING PROTOCOL (IM)

IM dosing is individualized and titrated to effect, modeled on IV ketamine pharmacodynamics.

INITIAL & INDUCTION DOSING

SESSION	TYPICAL DOSE RANGE	INTENDED DISSOCIATION
1	0.4–0.5 mg/kg	Stage 1–2
2–3	0.5–0.75 mg/kg	Stage 1–2
4–6	0.75–1.0 mg/kg	Stage 2

DOSE ADJUSTMENTS

Dose adjustments may be made based on:

- Symptom response
- Adverse effects
- Patient tolerance
- Prior dissociative response

Doses >1.0 mg/kg are not routinely used in Track A.

7. DISSOCIATION TARGETING FRAMEWORK

STAGE 1 — LIGHT DISSOCIATION

- Relaxation, emotional distance
- Preserved orientation
- Antidepressant response common

STAGE 2 — MODERATE DISSOCIATION

- Altered perception, introspection
- Patient remains aware of environment
- **Primary target for medical ketamine**

STAGE 3 — DEEP DISSOCIATION

- Vivid imagery, symbolic content
- Ego-boundary softening
- Requires therapist support

STAGE 4 — PSYCHEDELIC / EGO DISSOLUTION

- Full immersive experience
- Not appropriate without KAP framework

TFAM MEDICAL KETAMINE SESSIONS INTENTIONALLY TARGET STAGES 1–2 ONLY.

8. SESSION WORKFLOW (TRACK A)

TOTAL VISIT TIME: APPROXIMATELY 90–120 MINUTES

1. Check-in and vital signs
2. Brief medical check-in (symptoms, side effects, safety)
3. IM ketamine administration by licensed prescriber via divided doses spaced 10 mins apart
4. Patient placed in quiet, monitored environment
5. Optional eye mask and calming music
6. Vitals rechecked mid-session (40 min)
7. Recovery period
8. Final vitals and discharge once criteria met

Psychotherapy, guided processing, or intentional facilitation is **not** provided during Track A sessions though appropriate grounding and reassurance may be provided by treating provider or proxy via trained unlicensed staff members under direct oversight provided by licensed provider.

9. MONITORING & SAFETY

MONITORING

- Baseline vitals
- 30-40 minutes post second-dose
- Prior to discharge
- Additional monitoring as clinically indicated

STAFFING

- Prescriber (MD/DO/NP/PA) administers injection
- MA/CMA monitors vitals and patient status
- RN optional, not required

ADVERSE EFFECT MANAGEMENT

- Nausea → ondansetron
- Anxiety → reassurance, grounding
- Severe agitation → benzodiazepine per rescue protocol
- Hypertension → clonidine per protocol

10. SEVERE AGITATION RESCUE PROTOCOL

For post-ketamine agitation, give 0.05 mg/kg IM midazolam 23 (typically 5 mg in adults), which reduces agitation and is well tolerated 23. If needed, repeat once after 5–10 minutes 2, and monitor for respiratory depression 22. IM onset is ≈10–15 minutes 22, so expect a delay and avoid IV or repeated dosing in agitated patients

> *Midazolam has been difficult to procure via our suppliers as of April 2026. Procurement pending.*

11. DOCUMENTATION STANDARDS

EACH SESSION NOTE MUST INCLUDE:

- Dose administered
  - Lot, expiration date
- Injection sights and time of each injection
- Patient response
- Vital signs
- Standardized depression screener scoring per selected screener
- Adverse effects (if any)
- Clinical impression
- Plan for next session

DOCUMENTATION MUST CLEARLY DISTINGUISH:

- Medical ketamine administration
- Any separately identifiable E&M, if billed

12. BILLING FRAMEWORK (TRACK A)

KETAMINE ADMINISTRATION

- Patient-paid, non-covered service
- Covers medication, administration, monitoring, room use
- Charged as a flat fee of $300

E&M BILLING

- Not routine on dosing days
- May be billed only when a medically necessary, separately identifiable evaluation occurs
- Typically billed:
    - At intake
    - Periodically during treatment course
    - At transition points
    - When new clinical decisions are made

SYMPTOM RATING SCALES

- Standardized tools (e.g., PHQ-9) may be administered at each visit when clinically appropriate

13 CLINICAL PHILOSOPHY STATEMENT

TFAM RECOGNIZES KETAMINE AS A POWERFUL BIOLOGICAL INTERVENTION THAT DOES NOT INHERENTLY REQUIRE PSYCHOTHERAPY FOR ANTIDEPRESSANT BENEFIT.

WHEN DEEPER PSYCHOLOGICAL EXPLORATION IS CLINICALLY INDICATED, PATIENTS MAY BE REFERRED TO KETAMINE-ASSISTED PSYCHOTHERAPY, WHICH FOLLOWS A SEPARATE PROTOCOL AND STAFFING MODEL.

THIS SEPARATION ENSURES PATIENT SAFETY, ETHICAL CLARITY, AND REGULATORY COMPLIANCE.

DOCUMENT CONTROL

Draft Version: 1.10

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Intended Use: Clinical operations & policy

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MECHANISM, SAFETY, AND TRANSLATIONAL SCIENCE

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