



## Permission to Use Ketamine as a Treatment for Depression & Anxiety

Ketamine is a drug that calms and relaxes the body. It is approved by the FDA for use in anesthesia and as a pain reliever during medical procedures. It generally does not impact your breathing. Ketamine's use for treatment of depression or other mental illnesses is off-label and has not been approved by the FDA.

### Why Is Ketamine Being Recommended for Me?

Research has shown that ketamine may be helpful in the treatment of depression and anxiety. When administered intravenously over a period of about 45 - 60 minutes (called an infusion), ketamine may help depression and anxiety improve rather quickly, but it may last only a few days. A series of infusions is used so that the improvement lasts much longer. While the goal is improvement of symptoms, results cannot be guaranteed.

### What Will Be Done?

I will be receiving ketamine by IV Infusion. This means an IV will be inserted into a vein of my hand or arm and fluid will be dripped into the vein over roughly 45 - 60 minutes. This fluid will contain a ketamine dose of 0.5 mg/kg of my body weight. (By comparison, when ketamine is used for anesthesia, the dose is often much higher and is given via a rapid IV push, as opposed to a slow infusion over 60 minutes). After the treatment, I will need a bit of time to recover and may take some sips of water if I feel like doing so. I understand that I will be scheduled to receive 6 treatments over about two weeks as a treatment episode. Additional maintenance treatments may or may not be suggested, and their frequency will depend on how I respond to the infusions.

### What Safety Precautions Must I Take?

- I may not eat for 6 hours before or drink for 4 hours before each of the infusions.
- I may NOT drive a car, operate hazardous equipment, or engage in hazardous activities for 24 hours after each treatment, as reflexes may be slow or impaired. Another adult will need to drive me home.
- I should refrain from alcohol and other narcotic substances for 24 hours prior to and after treatment infusions.
- I must tell the clinic about all medications I am taking, especially narcotic pain relievers or barbiturates (sedatives).
- In order to qualify to receive ketamine therapy, I will require medical clearance. I must share with my ketamine provider the contact information for the doctor(s)/therapist(s) who are treating my medical conditions, depression, anxiety, or other psychiatric symptoms.
- If I experience a side effect while I am at home, I should contact Jackson Hole Ketamine Clinic, call the 24-hour emergency services phone numbers located on the bottom of the Jackson Hole Ketamine Clinic website ([www.jacksonholeketamineclinic.com](http://www.jacksonholeketamineclinic.com)), call 911, or go to my local emergency room.

### What Are the Side Effects of Ketamine?

When Ketamine is used as an anesthetic agent the following are listed as side effects:

- fast, irregular or low heart beats
- increased or decreased blood pressure
- dreams that may seem real
- confusion
- irritation or excitement when waking up
- floating sensation ("out-of-body")
- breathing problems
- twitching, muscle jerks, and muscle tension
- increased saliva or thirst
- lack of appetite
- headaches
- metallic taste
- constipation
- blurry or double vision
- nausea or vomiting

Rare side effects of ketamine are:

- allergic reactions
- pain at site of injection
- increase in pressure inside the eye
- ulcerations and inflammation in the bladder
- Pancreatitis
- hallucinations
- euphoria
- involuntary eye movements
- low mood or suicidal thoughts

Side effects of receiving an IV are:

- mild discomfort at the site of placement
- bruising
- bleeding
- dizziness
- fainting
- infection

### **Important Notices and Agreements:**

- **KETAMINE INFUSION THERAPY IS NOT A COMPREHENSIVE TREATMENT FOR DEPRESSION, ANXIETY OR ANY PSYCHIATRIC SYMPTOMS.**  
Your ketamine infusions are meant to augment (add on to, not be used in place of) comprehensive psychiatric treatment. We advise you to be (and I agree to be) under the care of a qualified mental health professional (or an internal medicine or family physician with experience and skill in treating psychiatric illnesses) while receiving ketamine infusions, and for the duration of your psychiatric symptoms.
- **SPECIAL NOTE ON SUICIDAL IDEATION**  
Psychiatric illnesses (especially, depression) carry the risk of suicidal ideation (thoughts of ending one's life). Any such thoughts you may have now, at any time during the weeks of your ketamine infusions, or at any point in the future, which cannot immediately be addressed by visiting with a mental health professional should prompt you to seek emergency care at an ER or to call 911.
- **Ketamine use during pregnancy is not recommended. If you become pregnant, you must notify Jackson Hole Ketamine Clinic immediately.**
- Caution is highly recommended with ketamine use in patients under the age of 16.
- **Jackson Hole Ketamine Clinic has a 24-hour cancellation policy; less than 24-hours will result in a \$50 fee.**

### **My Consent for Ketamine Treatment is Voluntary:**

My request for Jackson Hole Ketamine Clinic (JHKC) to conduct ketamine infusion treatments as described is entirely voluntary and I have not been offered any inducement to consent. I understand that I may refuse ketamine treatments and that my regular treatments for depression/anxiety would continue. Any money I have deposited that has not been subject to fees by JHKC will be refunded to me if I choose not to proceed. I have been advised that I can seek a second opinion from another doctor before agreeing to have ketamine treatment and am choosing to proceed at this time with or without this second opinion. I also acknowledge and agree that ketamine infusions for the treatment of depression/anxiety is not FDA approved at this time, and is still considered experimental and that the results of my treatment with ketamine may be used to show the efficacy of ketamine treatment in depression, but my personal health information would not be shared with outside parties without expressed written consent.

Jackson Hole Ketamine Clinic, in the hopes to mitigate the possible abuse of ketamine outside of their facility, participates in random patient drug testing. I hereby agree to participate in random urine drug screening prior to any of my ketamine infusions. I understand that if I am randomly chosen to perform a urine drug screen, and I refuse, I must discuss with a JHKC provider per their Policies and Procedures before I am allowed to proceed with treatment. I attest that I am not currently pregnant, nor intend to become pregnant while receiving infusions. I also agree to receive communications from Jackson Hole Ketamine Clinic via phone call, text, and email via the phone number and email addresses I supplied on my Medical History form.

**Statement of Person Giving Informed Consent**

- I have read this consent form and understand the information contained in it.
- I have had the opportunity to ask questions about this procedure and consent and wish for Jackson Hole Ketamine Clinic and its staff to administer ketamine infusion treatment.

\_\_\_\_\_  
Signature of Patient or legally responsible party

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

**IN THE EVENT OF AN EMERGENCY**

My Emergency Contact is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

I hereby authorize my ketamine provider to disclose my medical condition to the above person in the event of concern about my post procedure recovery or any emergency situation so that this person may assist me as needed.

\_\_\_\_\_  
Signature of Patient or legally responsible party

\_\_\_\_\_  
Date