

# Ketamine does not adversely affect outcomes

August 4 2014

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Image courtesy of Blausen Medical

(HealthDay)—For intubated patients, ketamine is unlikely to adversely affect patient outcomes compared with other intravenous sedatives, according to a review published online July 22 in the *Annals of Emergency Medicine*.

Lindsay Cohen, M.D., from the University of British Columbia in Vancouver, and colleagues conducted a systematic literature review to identify randomized and nonrandomized prospective studies that compared the effect of ketamine with another intravenous sedative in intubated patients. The studies reported at least one outcome of interest (intracranial and cerebral perfusion pressures, neurologic outcomes, [intensive care unit](#) length of stay, and mortality).

Ten studies, which included data on 953 patients, met the inclusion criteria. The researchers found that nine of these studies were at high risk of bias in at least one domain, while one study was deemed at low

risk of bias in all quality assessment domains. There were small reductions in intracranial pressure within 10 minutes of ketamine administration reported in two studies, while two studies reported an increase. There were no reports of significant differences in cerebral perfusion pressure, neurologic outcomes, intensive care unit length of stay, or mortality.

"According to the available literature, the use of ketamine in [critically ill patients](#) does not appear to adversely affect [patient outcomes](#)," conclude the authors.

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Citation: Ketamine does not adversely affect outcomes (2014, August 4) retrieved 4 May 2024 from <https://medicalxpress.com/news/2014-08-ketamine-adversely-affect-outcomes.html>

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