

Ketamine

Ketalar / ketamine injection

A monitored infusion option for hard-to-treat depression. This sheet is not a home-dosing guide.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

Depression treatment is off-label

No driving for at least 24 hours—and until recovered

The sigma-1 action awaits verification; mu-receptor laboratory findings do not prove a clinical benefit.

What it is used for

Ketamine is approved for anesthesia, not psychiatric treatment. Specialists may offer IV infusions off-label for depression that has not improved enough.

Evidence for other psychiatric conditions is more limited. Spravato is a separate, approved esketamine nasal product; its doses and rules are different.

How it works

Ketamine blocks NMDA channels involved in glutamate signaling. Changes in brain communication may help depression; the full mechanism is still uncertain.

Feeling detached or 'spacey' is an effect, not proof that treatment is working. More intense experiences do not reliably mean more benefit.

What to expect over time

DURING A VISIT

Dizziness, sleepiness or detachment can start quickly. Tell staff about discomfort or fear; ask for help standing.

AFTER TREATMENT

Some people improve within hours or days; others do not. Benefit may fade. Track mood and daily function between visits.

OVER TIME

Your team reviews an initial course before planning more sessions. The best long-term schedule is uncertain; treatment needs ongoing review.

Taking your medication

For this infusion plan, staff give the dose in a monitored clinic. Follow that clinic's food, fluid and medication instructions before each visit.

Arrange an escort home. Do not drive, operate machinery or do hazardous tasks for at least 24 hours after injection and until fully recovered.

Avoid alcohol. Do not add ketamine between visits or substitute a lozenge, nasal spray or other route. Your team must review any separate prescription.

When to get help

Tell staff now: breathing trouble, chest pain, faintness, extreme sleepiness or frightening detachment. Severe symptoms after discharge: call 911.

Urgent assessment: painful or bloody urine, inability to urinate, flank pain, jaundice or dark urine. Do not wait for the next infusion to report these.

Call promptly: worsening mood, suicidal thoughts, persistent unusual perceptions or high energy with little sleep. Collapse or seizure: 911.

Early side effects

Nausea, vomiting, dizziness, blurred or double vision, anxiety, sleepiness and blood-pressure or pulse changes can occur. Tell staff about symptoms.

Other effects to discuss

Report memory changes, urinary symptoms, cravings or needing more frequent treatment. Liver and urinary injury are not limited to recreational use.

What to keep track of

Staff monitor blood pressure, pulse, breathing, oxygen level and alertness during treatment and recovery. Leave only when cleared and safe to walk with assistance as needed. Repeated treatment needs liver tests and review of urinary symptoms, memory, mood and possible misuse. Monitoring reduces risk; it does not eliminate it.

Before you start

Review depression history, suicide risk and prior treatments. Tell the team about heart or blood-vessel disease, high blood pressure, breathing problems, liver or urinary disease, bipolar symptoms, psychosis, substance use, pregnancy and ketamine allergy. Some risks rule out treatment or need specialist clearance. Bring every medicine and supplement; agree on an emergency plan and how to reach the team between visits.

Medicines & interactions

Alcohol, opioids & sedatives

Avoid alcohol. Opioids, benzodiazepines and sleep medicines can worsen sedation and breathing risk or prolong recovery. Get explicit treatment-day instructions.

Regular benzodiazepines

Do not stop a regular benzodiazepine abruptly. If timing or dose needs changing, your prescriber must plan it safely.

Stimulants, MAOIs & decongestants

These may add blood-pressure or other risks. Have the team check them before an infusion; do not change doses yourself.

Naltrexone & other prescriptions

Do not stop naltrexone automatically to improve response. Review benefits and risks with its prescriber. Theophylline and aminophylline can add seizure risk.

New products & other ketamine

Check all new medicines, supplements and substances. Oral or nasal compounded products have different dosing and added home-monitoring risks; they are not substitutes for an infusion.

Everyday tips

Plan an escort and a quiet recovery day before each visit.

Ask for a calm setting; tell staff when something feels frightening.

Keep therapy and other medicines on your agreed care plan.

Record mood, function and how long benefit lasts—not just session feelings.

Your questions, answered

What if I miss a visit?

Call the clinic to reschedule and report worsening symptoms. There is no infusion dose to make up at home. Plan follow-up when spacing or stopping sessions.

Does quick relief mean I am safe?

No. Ketamine is not proven to prevent suicide or replace needed hospitalization. Keep your safety plan and ongoing depression care. Immediate danger: 911; U.S. crisis support: 988.

Can I become dependent?

Ketamine is a Schedule III controlled medicine. Repeated or high-dose use can cause tolerance, dependence and withdrawal. Discuss cravings, extra use or needing more; there is no single taper for everyone.

Pregnancy or breastfeeding?

Psychiatric use is generally avoided in pregnancy. The reviewed injection label limits use during breastfeeding to anesthesia, not depression treatment. Discuss alternatives; exposed infants need monitoring.

Storage & safety

For this infusion plan, the clinic prepares and stores the medicine. Never share ketamine or use someone else's supply. Suspected overdose needs immediate help: Poison Help 1-800-222-1222; severe symptoms or trouble waking/breathing: 911.

A final reminder

Follow your infusion team's written instructions.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=bb912318-2e22-4469-b0a2-774803ee1bb8>
 2. <https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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