Non-Hospital Medical and Surgical Facilities Accreditation Program

ACCREDITATION STANDARDS

Intravenous Use of Ketamine and Lidocaine Infusions for the Treatment of Chronic Pain

Non-Hospital Medical and Surgical Facilities Accreditation Program
College of Physicians and Surgeons of British Columbia
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Introduction

Ketamine administration for the treatment of chronic pain by the intravenous (IV) route **must** be performed in an accredited non-hospital facility. Ketamine is a dissociative anesthetic agent capable of producing amnesia, analgesia and all degrees of sedation, including general anesthesia. Ketamine has the potential for serious side effects including tachyarrhythmias, hypertension, hallucinations and delirium.

Lidocaine administration for the treatment of chronic pain by the intravenous (IV) route **must** be performed in an accredited non-hospital facility. Lidocaine is a local anesthetic agent and antiarrhythmic drug. It is sometimes used to treat neuropathic pain or other painful conditions in patients where standard conventional pain therapies have been unsuccessful.

No.		Description	Change
PMI1.1.6	M	Pre-admission assessment includes obstructive sleep apnea (OSA) screening using a validated tool (e.g. STOP-Bang). *Guidance: All patients receiving ketamine or lidocaine infusions for the treatment of chronic pain are screened for obstructive sleep apnea (OSA). OSA screening should be performed in advance of the day of treatment.*	

No.		Description	Change
PMI1.2.6	**M**	The pain assessment includes a physical exam including review of systems. *Guidance: The physical exam includes height, weight and body mass index (BMI), vital signs and a review of systems. The review of systems should include general/systemic, skin, HEENT, respiratory, cardiovascular, gastrointestinal, genitourinary, musculoskeletal, neurological, hematological, endocrine and evaluate potential risk factors associated with ketamine or lidocaine treatment. The physical exam including mental status and review of systems can be performed by the anesthesiologist or can be performed by another physician (e.g. general practitioner). Assessment may occur directly or by review of the results of a recent assessment by another clinician.*	
PMI1.2.7	**M**	The pain assessment includes relevant laboratory and other	

No.		Description	Change
PMI1.7.3	**M**	An initial application for privileges is on file for each anesthesiologist. *Guidance: An anesthesiologist may apply to the medical director for a medical staff appointment to the non-hospital facility for a period of up to one year. The application specifies intravenous ketamine and/or intravenous lidocaine for the treatment of chronic pain and* ***explicitly confirms privileges for the administration of ketamine and/or lidocaine in the treatment of chronic pain****, their qualifications and evidence of current experience in practice relevant to the anesthesia procedure(s)/service(s) being requested and such applications are made on a form approved by the registrar (i.e. NHMSFAP Application for Medical Staff Appointment). The individual's human resources file should also include a copy of the NHMSFAP's letter verifying that there are no limits or conditions on the anesthesiologist's licence that would preclude the granting of the privileges requested.*	
PMI1.7.4	**M**	Anesthesiologists administering ketamine aW*nBT/FrreW*nBT48 Tm0 g0 G[(s)-51 /P <</MCID 19>> BDC q13	

No.		Description	Change
		ensure that providers of emergency training courses meet acceptable theory and in- person/hands-on components. When there is a nationally or internationally recognized body (e.g. Health and Stroke Foundation of Canada (HSFC)) that publishes guidelines, the medical director must ensure third party course providers instruct in accordance to those guidelines. Copies of difficult airway management course completion are maintained in the individual's human resource file.	
PMI1.7.7	**M**	The current and professional performance of each anesthesiologist is evaluated annually through performance review and renewal of appointment processes. *Guidance: An Annual Re-application for Privileges form is on file for each anesthesiologist. Renewal credentialing and privileging procedures include comparing the clinical privileges requested with the competency and currency requirements as outlined in the provincial privileging dictionaries. Currency of emergency training courses (i.e. BLS Provider, ACLS) is also reviewed during renewal of appointment processes to plan for and complete recertification before expiration of the current certificate. Performance review is a process that should include a self-assessment to performance based upon professional standards and guidelines, seeking feedback (i.e. colleagues, staff, patients), reflecting on the self-assessment and feedback then planning and documenting professional development goals (i.e. a professional development plan) and tracking progress in achieving these goals. For solo physician non-hospital facilities, annual performance review for a health authority facility would be an appropriate substitute for an annual review. This must be documented and kept on file at the facility and along with the documents for renewal of appointment which will be reviewed at time of accreditation. For multi-physician non-hospital facilities, the medical director ensures that all physicians working in the non-hospital facility participate in annual performance review and renewal of appointment processes.*	NEW
PMI1.8		**Critical care medicine, emergency medicine or family practice anesthesia physicians who order or administer ketamine or lidocaine for the treatment of chronic pain are qualified.** *Intent: All critical care medicine, emergency medicine or family practice anesthesia physicians granted privileges by the medical director must meet the qualifications and competency requirements outlined in this standard. This section replaces section 1.2 of the NHMSFAP Human Resources standard (HR1.2: Non-hospital facility services are provided by qualified and competent physicians).*	NEW
PMI1.8.1	**M**	Each physician with privileges at the facility holds current licensure with the College of Physicians and Surgeons of British Columbia. *Guidance: Physician licensure is confirmed annually through the College of Physicians and Surgeons of British Columbia website and/or by contacting the College directly for relevant licence information. Confirmation of the physician's annual licensure is obtained and filed in the individual's human resource file.*	NEW

No.		Description	Change
PMI1.8.2	**M**	Each physician is in good standing with the College of Physicians and Surgeons of British Columbia. *Guidance: The certificate of professional conduct from the College of Physicians and Surgeons of BC at time of initial appointment is maintained in the individual's human resource file.*	NEW
PMI1.8.3	**M**	An initial application for privileges is on file for each physician. *Guidance: A critical care medicine, emergency medicine or family practice anesthesia physician may apply to the medical director for a medical staff appointment to the non-hospital facility for a period of up to one year. The application specifies intravenous ketamine and/or intravenous lidocaine for the treatment of chronic pain and* ***explicitly confirms privileges for the administration of ketamine and/or lidocaine in the treatment of chronic pain ONLY****, their qualifications and evidence of current experience in practice relevant to the administration of ketamine or lidocaine in the treatment of chronic pain and such applications are made on a form approved by the registrar (i.e. NHMSFAP Application for Medical Staff Appointment). The individual's human resources file should also include a copy of the NHMSFAP's letter verifying that there are no limits or conditions on the physician's licence that would preclude the granting of the privileges requested.*	NEW
PMI1.8.4	**M**	Critical care medicine, emergency medicine and family practice anesthesia physicians administering ketamine and/or lidocaine for the treatment of chronic pain at the facility have the requisite credentials for privileges as outlined in the Provincial Privileging Dictionaries. *Guidance: The services that the critical care medicine, emergency medicine and family practice anesthesia physician requests privileges to perform may be core and non-core in accordance with the Provincial Privileging Dictionary. Non-core privileges may require further training, experience and demonstrated skill. These physicians may only administer or order the administration of ketamine and/or lidocaine for the treatment of chronic pain at a non-hospital facility in accordance with the standards, rules, policies and guidelines respecting qualifications necessary for the appointment of a physician as established by the NHMSFAP Committee.*	NEW
PMI1.8.5	**M**	Each critical care medicine, emergency medicine and family practice anesthesia physician that has not practised in their discipline in a hospital setting within three years holds current ACLS training. *Guidance: Critical care medicine, emergency medicine and family practice anesthesia physicians that hold hospital privileges in their respective discipline or that did hold hospital privileges in their respective discipline within the last three years are not required to hold current ACLS training. ACLS courses may be taken directly through the Heart and Stroke F5(ro)-3(ke)-4(F5(ro)-2/(ro)-125 refq162.03 5(e wive)] TJET)6(d*	

No.	Description	Change
PMI1.9	**Registered nurses who monitor patients receiving ketamine for the treatment of mood disorders are qualified.** *Intent: All registered nurses in the pre-admission, admission and treatment room areas must meet the qualifications and competency requirements outlined in this standard. This section replaces sections 1.6 through 1.11 of the NHMSFAP Human Resources standard.*	
PMI1.9.1	**M** Each	

No.		Description	Change
PMI1.11.1	**M**	Capnography is immediately available in the treatment unit/area/room. *Guidance: It is not always possible to predict how an individual patient will respond to the sedative effects of ketamine or lidocaine. Capnography (continuous monitoring of end-tidal CO2) is considered best practice and is **highly recommended** for all patients receiving anesthetic medication that may result in any level of sedation. Capnography must also be established for any patient whose pre-procedural assessment identified an increased risk for respiratory depression or airway obstruction such as obesity or obstructive sleep apnea. Capnography equipment may be portable (i.e. moved from treatment space to treatment space). The capnography has both audible and visual alarms.*	NEW
PMI1.11.2	**M**	Each treatment chair/bed/stretcher is equipped with cardiac monitoring. *Guidance: The cardiac monitor has both audible and visual alarms. The cardiac monitor is equipped with appropriate cables and electrodes. The cardiac monitor has print-out capabilities. Cardiac monitoring equipment is in addition to an automated external defibrillator located on the facility's emergency cart.*	
PMI1.11.3	**M**	Each treatment chair/bed/stretcher space is equipped with automatic blood pressure monitoring.	NEW
PMI1.11.4	**M**	Each treatment chair/bed/stretcher space is equipped with pulse oximetry.	NEW
PMI1.11.5	**M**	Each treatment chair/bed/stretcher space is equipped with suction equipment. *Guidance: Suction equipment includes suction canisters and liners, tubing, suction tips and catheters.*	
PMI1.11.6	**M**	Each treatment chair/bed/stretcher space is equipped with oxygen equipment. *Guidance: Oxygen equipment includes oxygen supply and regulator, nasal cannulas, masks and oral airways.*	
PMI1.11.7	**M**	Each treatment chair/bed/stretcher space is equipped with a bag-valve-mask device.	
PMI1.11.8	**M**	Each treatment chair/bed/stretcher space is equipped with artificial airways. *Guidance: Various types and sizes of artificial airways.*	NEW

No.		Description	Change
PMI1.12.1	**M**	Continuous cardiac monitoring is established throughout the treatment and post-treatment monitoring phase. *Guidance: The cardiac rhythm should be interpreted at baseline prior to start of the treatment and a rhythm strip secured*	

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References

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Revision history

Date	Revisions
November 8, 2022 Version 1.1	Updated title only to *Intravenous Use of Ketamine and Lidocaine Infusions for the Treatment of Chronic Pain*
July 14, 2022 Version 4.0	Incorporation of accreditation standards core to the practice and accreditation of any non-hospital facility Administrative changes to reflect updated format and structure of accreditation programs standards Subject title change (previously titled *Pain Infusion Clinic*) Subcutaneous lidocaine infusions removed (no longer restricted to accredited facilities)
Pain Infusion Clinics standards archived and replaced with *Ketamine and Lidocaine Infusions for the Treatment of Chronic Pain*	
June 19, 2019 Version 3.0	Updated airway management course requirements Updated BMI to be congruent with revised *Obesity* guideline Updated IV ketamine dosing New reference added: Consensus Guidelines on the Use of Intravenous Ketamine Infusions for Chronic Pain
December 30, 2017 Version 2.0	Program name change