CSA Statement on the Use of Ketamine by Emergency Medical System Personnel

September 8, 2020

The Colorado Society of Anesthesiologists (CSA) has great concern about the use of the anesthetic agent ketamine for the treatment of “excited delirium” by EMS personnel regulated by the Colorado Department of Public Health and Environment (CDPHE). Our concern stems from the reported large number of uses of ketamine for this purpose in the past 2 1/2 years (more than 902 uses), reported doses that are equal or greater to that used to produce general anesthesia, and the high reported complication rate (24% in 2019 including at least one death). As a result of these findings, CSA urges state authorities to take the following immediate actions:

1. CDPHE will suspend its “excited delirium” ketamine waiver program until the review announced on August 22, 2020 is completed.

2. The review will be conducted using unconflicted outside experts including anesthesiologists, psychiatrists, and public members. This review should include indications for use including the ethics and legal authority for chemically restraining individuals against their will, dosing, monitoring after administration, and determining an acceptable complication rate.

3. CDPHE will direct that all uses of ketamine by EMS personnel in Colorado, including for pain and as an adjunct for intubation, be recorded and any complications tallied and reported to CDPHE. This will include all uses by paramedics with a critical care endorsement.

The CDPHE waiver program for ketamine lists “excited delirium” as the condition being treated with ketamine administration. The condition is described as one that can include a hypermetabolic state that can lead to death within minutes if left untreated. However, this entity is not recognized by most medical authorities and there are legitimate questions on whether or not it actually exists. Historically, acute psychosis and/or drug intoxication underlie most involuntary severe behavioral abnormalities during police and EMS encounters. CSA is studying the available scientific literature to determine whether “excited delirium” exists as a distinct entity and if it does, how it differs in terms of pathophysiology from these other well recognized and well-accepted conditions.

Independent of the “excited delirium” diagnosis, use of chemical incapacitation to treat agitation is demonstrably hazardous given the CDPHE data on complication rate associated with ketamine administration. The use of anesthetics like ketamine should be used only as a last resort, in appropriate doses, only if the individual is an immediate and severe threat to themselves or others, and only if there is public acceptance of this technique.

CSA firmly opposes the use of ketamine or any other sedative/hypnotic to chemically incapacitate someone for a law enforcement purpose and not for a legitimate medical reason.

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