



# Ketamine Treatment Patient Consent

This consent form contains information about use of ketamine for psychiatric treatment purposes including depression, anxiety, PTSD, OCD, or other conditions as discussed with your provider. This document has page numbers and ends with a signature line, please initial all pages and sign at the end. This consent form covers all forms of ketamine treatment provided by Bloom Mental Health, including but not only specific to infusion therapy and/or micro-dosing lozenges.

**In order to begin treatment with us, we require you to read this entire agreement, ask any questions you have ahead of time, seek outside advice or counsel about this agreement if needed. You must agree to all of the terms here in order to proceed with treatment. By starting treatment with us, we assume that you do so agree, and have had all questions about your treatment answered to your satisfaction, and continue to agree to our terms as long as you are an active patient in treatment with us. You also agree that we may, at our sole discretion and at any time, change our terms of agreement for treating patients. This consent does not obligate us to treat you, and it is possible that we may determine at some point in the future that we are no longer able to treat you, and may need to discharge you from the clinic.**

**If you do not understand or agree to any of these terms (including from any language, educational, decisional capacity, or cognitive barriers), or have any other questions, please talk to your provider or call us prior to any treatment at 303-801-1776, and do NOT begin any treatment until you feel you have fully understood and agreed to this entire document.**

## **OUTSIDE RESOURCES TO CHECK OUT BEFORE STARTING:**

The American Society of Ketamine Physicians, Psychotherapists & Practitioners <https://askp.org/faq/> (no affiliation to us) is an excellent resource to learn more about ketamine infusion therapy.

[Ketamine Advocacy Network](https://www.ketamineadvocacynetwork.org/) (<https://www.ketamineadvocacynetwork.org/>) (no affiliation to us) has an extensive website run by patients that talks about ketamine and its use in psychiatric disorders.

This short video gives an easy to understand overview of ketamine and its potential use:

[https://www.youtube.com/watch?v=d\\_ey\\_a\\_yN6Q](https://www.youtube.com/watch?v=d_ey_a_yN6Q)

This 20 minute video follows patients through their own ketamine treatment (no affiliation with us). It shows them getting treatment and talking about it:

<https://www.youtube.com/watch?v=MwD-LXoQKfQ>

## ABOUT KETAMINE

Ketamine is a Schedule III medication that was approved by the FDA for use as an anesthetic agent several decades ago. The use of ketamine for psychiatric purposes is relatively new, and for the most part, is still off-label (not FDA approved).

Psychiatric use of ketamine has become relatively wide-spread in recent years, and has been scientifically studied for the treatment of [depression](#) (including in [adolescents](#)), with comparatively fewer studies on [anxiety](#), [OCD](#), [PTSD](#), or other psychiatric diagnosis. Please take a moment to look over these studies, and if you cannot access these study links, or would like to discuss the evidence further, please let us know.

Recent work has demonstrated the possibility of an antidepressant response to low dosages of ketamine administered intravenously, intra-nasally and sublingually (orally), that produce psychedelic effects. Subanesthetic doses typically are considered less than 1 mg/kg over 45 min to an hour. This is compared to anesthetic doses which are typically 2 mg/kg given at once.

Ketamine can be administered by intravenous (IV), intramuscular (IM), sub-lingual, oral, and intra-nasal routes. It is classified as a dissociative anesthetic. "Dissociation" means a sense of disconnection from one's ordinary reality and usual self. At the dosage level administered to you, you will most likely experience mild anesthetic, anxiolytic, antidepressant and, potentially, psychedelic or dissociative effects. This can feel like a disconnection from your body, and a distortion of your five senses. For many, this is experienced as pleasant, although for some it can feel unpleasant and anxiety provoking.

It is our view that psychedelic, 'dissociative' experiences may well be instrumental in providing a more robust treatment effect. This may well include a positive change in mood and outlook and that we term a 'transformative' response.

Essential to ketamine treatment, is a time-out of usual experience, usually lasting between 30 minutes to 2 hours, that tends to be dose and method of administration related. Relaxation from ordinary concerns and usual thoughts, while maintaining conscious awareness of the flow of mind under the influence of ketamine may help improve your emotional state and reduce symptoms that bother you such as depression, anxiety, and post-traumatic manifestations. You

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may well notice that you are a bit different after a ketamine experience. It can be a liberating experience that allows for new mindfulness, appreciation, and behavior.

With respect to IV ketamine, we are asking that new patients strongly consider **at least 3 separate sessions** as a minimum exposure to assess the benefits of ketamine. Additional sessions may occur if deemed appropriate and beneficial. As always, you are able to withdraw from our treatment at any time, and for any reason.

## The Treatment Process

The treatment involves setting up the intravenous access and then providing a dose of ketamine over about 45 minutes while being monitored or in discussion with your nurse, and with a provider backing this process up. An initial treatment series is typically 3-6 sessions done at 3x/week, depending on what you and your provider decide.

The literature indicates an approximately [50-70%](#) response rate to ketamine depending on multiple factors; and a remission rate for patients with treatment resistant depression (using the low dose IV drop method, or the sublingual method) closer to [20-30%](#). The response rate is less studied and is less certain for other disorders besides depression.

Relapses of symptoms do occur and may require periodic additional sessions. Over time, a certain number of patients may become unresponsive to further ketamine sessions. We believe that combining ketamine with intensive psychotherapy enhances these response rates, and we **strongly encourage you to continue intensive psychotherapy work with your provider during ketamine treatment.**

## ELIGIBILITY FOR KETAMINE TREATMENT

Why assess your state of mind.

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If you are suffering from a problem that we feel cannot be effectively treated by our practice, we will give referrals to other practices in the area that might be able to help. Please know that we cannot guarantee suitability or availability at these other practices.

Another critical aspect of informed consent is explaining alternative treatments for you to consider besides ketamine:

## ALTERNATIVE TREATMENTS TO KETAMINE

Ketamine is unique in how it affects how you feel, and appears to be substantially different in its mechanism for alleviating mental health concerns compared to other conventional treatments. That said, other methods exist to treat depression which have different safety, efficacy, and logistics considerations, and should be considered carefully before starting:

Major Depression (MDD), PTSD and Bipolar Disorders are usually treated with oral medications such as antidepressant medications, anti-anxiety medications, and mood stabilizers. Many of these medications have been extensively studied, including their safety and efficacy. Many of them have been around much longer than ketamine, and so long term effects are better understood. These are often first-line treatments for patients with mental health concerns, and should be considered before a treatment like ketamine in many cases.

Supplements such as NAC, SAM-e, as well as healthy life interventions such as exercise are also known to help some patients with depression, anxiety, and other disorders.

Other non-medication options also exist to treat conditions such as serious or treatment resistant depression, including Electroconvulsive therapy (ECT) and Transcranial Magnetic Stimulation (TMS). These treatments have also been extensively studied and are widely regarded as safe and effective, and have FDA indications for some conditions. Please ask us more about these if you are interested, or are unsure if these treatment modalities would be worth considering prior to ketamine.

Of note, it is not yet clear whether ECT or ketamine are more efficacious for treating severe depression, and this is currently being studied.

[Triple Chronotherapy](#) / sleep deprivation is another less-known method that can treat depression quickly, and is worth considering since it can work quickly, with strong effects. We are a proponent of triple chronotherapy and would be happy to talk more about this with you.

Other less tested options such as botulinum toxin and other intravenous supplements and medications also have some evidence of efficacy in treating psychiatric disorders, and may at times be offered in our clinic.

**Psychotherapy** is a proven treatment for all of the disorders discussed here, and can also enhance the effectiveness of ketamine treatment. We ask that all clients presenting for the

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concerns discussed here engage in psychotherapy, whether receiving ketamine or not. We also welcome collaboration with your therapist during your ketamine treatment process.

## CONTRAINDICATIONS TO KETAMINE

Ketamine has an extensive and consistent record of safety when used at much higher doses for surgical anesthesia. You can read more about safety data through the FDA's website [here](#).

**\*\* Important: Ketamine can be very effective in reducing suicidal thinking. That said, it is not a guaranteed cure for suicidal thinking or behavior! It also may not be effective in treating aggressive or homicidal thoughts. In our judgement, it is not safe to treat active suicidal ideation or actions in an outpatient setting. If you are actively thinking about or planning to harm yourself or anyone else, you should NOT proceed with outpatient ketamine treatment here, and should instead immediately seek more intensive help such as by calling 911, or going to an ER or acute psychiatric treatment facility. We often refer clients to [Denver Springs](#) hospital, and often think of them as our after-hours acute care facility, since we have an information sharing agreement with them to better ensure continuity of patient care.**

**Pregnant women and nursing mothers** are not eligible because of potential effects on the fetus, or nursing child. The effects of ketamine on pregnancy and the fetus are undetermined, therefore, we feel it is best to defer ketamine in favor of other treatments.

**Untreated hypertension** is a contraindication to ketamine use as ketamine causes a rise in blood pressure. Similarly, a history of heart disease, stroke, or other cardiovascular diseases may make you ineligible to participate, or may require you to see your health provider for medical clearance prior to starting.

**\*\* By agreeing to undergo ketamine treatment with us, you attest that you understand the cardiovascular risks of ketamine, do not have any of the mentioned conditions, and have maintained regular checkups with your primary care physician.**

**Liver Failure** - ketamine is processed in the liver, and so should not be used if you have liver disease or liver failure.

**Hypersensitivity or allergy to ketamine** - ketamine should not be used by those who have shown hypersensitivity or an allergy to the drug.

**Active Substance Abuse** - these substances can potentially cross-react with ketamine treatment in ways that can be hard to predict. If you are actively using substances we ask that

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you refrain from use for at least 5 days prior to ketamine. If you are not able to stop using a substance (eg are dependent on it, especially for alcohol or benzodiazepines), please talk to us about substance use treatment referral options and do not begin treatment with ketamine.

**\*\*Please note that taking benzodiazepines and lamotrigine before ketamine can interfere with its effectiveness.**

**Psychosis / Hallucinations / Schizophrenia** - ketamine causes dissociation, and could potentially aggravate psychosis symptoms. If you suffer from psychosis, please talk to your provider as this will likely need to be treated prior to consideration of ketamine. We may also suggest alternative treatments that do not cause dissociation.

**Bipolar Mania** - If you are experiencing mania, ketamine is not an indicated treatment at this time. Talk to your provider about alternative treatments.

**Miscellaneous** - Ketamine should not be taken if you have untreated hyperthyroidism. There have also been reports of some decrease in immune function in patients receiving surgical doses of ketamine. Please also tell us if you have any rare conditions or other medical concerns prior to starting ketamine.

## **RISKS AND POTENTIAL ADVERSE EFFECTS OF KETAMINE**

Please take a look at the [FDA's information](#) about adverse drug effects from ketamine as a reference, and talk to us beforehand about any questions you have. Please ask us if you do not understand any of these medical terms or have concerns about any of these potential concerns.

**\*\*It is CRITICALLY important to develop a safety plan before ketamine infusion to address any adverse or unintended outcomes from ketamine, including severe physical or psychological adverse effects. This includes deciding on when and where to seek help for emergencies. Please talk to us about this BEFORE starting your treatment.**

**Adverse Psychological Effects:** Ketamine typically improves mental health symptoms such as depression, suicidal thinking, and anxiety. However, in some cases patients have reported worsening of these symptoms either during or after treatment.

This can mean worsening of or new symptoms of suicidal thinking, depression, anxiety PTSD/flashbacks, disorientation, insomnia, hallucinations/psychosis, among others. It is important to have a safety plan in advance to monitor for and address any adverse psychological symptoms that arise after your treatments. For instance, to develop a plan for if suicidal thinking worsens the day or evening following an infusion.

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Patients also have reported a range of reactions to the psychiatric effects induced by ketamine. Some describe these as being wanted, pleasant feelings, like being in a dream. Some describe a more unpleasant or frightening reaction, and can feel confused, and exhibit irrational behavior, and feel that the experience was unpleasant. This is typically short-lived, but can last as long as several hours.

In some cases, patients have experienced delayed reactions to ketamine, developing symptoms up to 24 hours after the infusion. Importantly, no lasting, long term adverse psychiatric effects of ketamine have been reported.

**Sedation / Loss of Balance:** You will be asked to lie still during the ketamine administration because your sense of balance and coordination will be adversely affected until the drug's effect has worn off— generally up to thirty minutes to one hour after the infusion. Other possibilities for adverse effects include blurred and uncomfortable vision (you are advised to keep your eyes closed until the main effects have worn off), slurred speech, mental confusion, excitability, diminished ability to hear or to feel objects accurately including one's own body, anxiety, nausea, and vomiting.

**Dependence Risk:** Ketamine and other hallucinogenic compounds do not meet criteria for chemical dependence when given for short time frames such as psychiatric treatment, since they do not cause tolerance and withdrawal symptoms. That said, dependence or addiction is theoretically possible in rare cases and can be discussed with your provider.

In addition, ketamine can have effects on mood (feelings), cognition (thinking), and perception (imagery) that may make some people want to use it repeatedly. It is possible that you will want to re-experience ketamine more frequently than we feel is safe and appropriate, and we may have to limit ketamine use and/or refer you to another provider if our differences cannot be resolved. Therefore, ketamine should never be used except under the direct supervision of a licensed provider.

This article on the [potential dependence of ketamine](#) from ASKP is well worth reading and considering.

**Urinary Tract Problems:** Repeated, high dose, chronic use of ketamine has caused urinary tract symptoms and even permanent bladder dysfunction in individuals abusing the drug. More specifically, symptoms of dysuria, increased urinary frequency, lower urinary tract infections, incontinence, and hematuria have been reported. Cystitis and hydronephrosis have also been noted in studies. This appears to be rare within this framework (dose) of treatment, but this risk probably increases with dose and frequency of use. It is also possible that these effects could show up much later, after the ketamine treatment series is completed.

**Headache:** Ketamine treatment can cause headaches, including migraines, during or after treatment.

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**Allergy:** it is possible to have or develop an allergy to ketamine. This could potentially result in a serious or life threatening reaction if given ketamine, and we may not know you have an allergy to it in advance.

**IV Injection Reaction:** Local pain and redness and rashes at the IV site are also common. It is also possible you could develop an infection or other adverse event from the IV itself.

**Cardiovascular:** Blood pressure and pulse rate is frequently elevated during ketamine treatment, and can sometimes reach very high levels quickly. This raises the risks of events associated with hypertension, such as heart attack and stroke. In some cases, low blood pressure and cardiac arrhythmia have also been reported.

**Respiration:** Breathing is frequently stimulated, although severe depression of respiration or apnea, laryngospasms, and other kinds of breathing problems have occurred during ketamine use, although frequently at higher doses than given here.

**Eye:** Double vision and nystagmus can occur, as can an elevation in intraocular pressure. Please let us know if you suffer from glaucoma.

**Neurological:** Some patients have increased muscle tone, and can exhibit jerking movements resembling seizures.

**Gastrointestinal:** Nausea, vomiting, and loss of appetite frequently occur, but these usually resolve on their own, and most patients are able to resume eating and drinking liquids normally within a few hours.

**Miscellaneous:** Ketamine is also known to cause confusion, inebriation, dizziness, euphoria, and increased libido.

More information on adverse effects can be found, for example, [here](#).

## Drug Interactions

Lamotrigine, benzodiazepines, barbiturates and/or narcotics can interfere with ketamine and may also cause unwanted adverse effects. Illicit drugs and alcohol may also interact, sometimes in ways that are hard to predict. Supplements may also interact, although this has been studied less extensively, so less is known about potential interactions. It is important to talk with your provider about any medications, supplements, and/or drugs you are taking.

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## Blood Pressure Monitoring

Ketamine affects blood pressure. It frequently causes it to increase from 10-50% above baseline. This usually occurs shortly after the infusion starts, and returns to pre-treatment levels around 15 minutes after treatment is stopped. In some cases blood pressure can increase more than this, and the effects last longer.

**\*\* IMPORTANT: Many experts and professional societies recommend monitoring of blood pressure throughout the experience. Some patients do not want their blood pressure monitored during an infusion as this can interfere with the experience and make it less effective.**

**We believe it is reasonable to allow you a choice in this matter. If you do not have hypertension on initial exam, nor any cardiovascular risk factors, we suggest that you consider having your blood pressure monitored at least once during the first ketamine infusion to assess how you respond. After this, we will talk to you about whether you prefer to be monitored during future sessions. Please read and be familiar with the risks to your health, including serious and potentially deadly outcomes, if you choose to not be monitored during infusion sessions.**

## OVERVIEW OF KETAMINE THERAPY

**FDA Off-Label Use:** The Food and Drug Administration (FDA) [recently approved](#) the use of intranasal S-ketamine for the treatment of depression. However, please be aware that FDA has not yet established the appropriateness of IV, oral, IM use of Ketamine Therapy or Treatment and its use is considered off-label. Your awareness of this situation is key to understanding any liability associated with your use of ketamine. Your informed consent indicates you are aware of this situation, and what “off-label” means.

During the Ketamine administration session, you will be asked to make two (2) agreements with us to ensure your safety and well-being:

1. You agree to follow any direct instructions given to you until it is determined that the session is over, and
2. You agree to remain at the location of the session until the providers decide you are ready and safe to leave, and to leave in a safe manner (typically with a friend or family member driving).

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The length of ketamine sessions varies from person-to-person and from experience-to-experience. You will be mostly internally focused for the first 30 minutes to one-hour or more.

Preparation for a ketamine session requires assessment by your therapist of your readiness and a sense of connection between you and your therapist. We are engaging in a therapeutic endeavor to benefit you and those who are affected by you. Together, we are creating a state of mindfulness in a safe and conducive setting. After ketamine use, you will have follow-up sessions that focus on integration of your experience and may lead to further sessions, if you so wish, and if that is in accord with your therapist's view of your treatment.

You may ask the providers any questions you may have concerning the procedure or effects of ketamine at any time. **Your consent to receive ketamine may be withdrawn by you, and you may discontinue your participation, and you may elect to terminate the ketamine infusion at any time during the process.**

## **CONFIDENTIALITY**

Your privacy and all therapy records will be kept confidential. They will be maintained with the same precautions as ordinary medical records as discussed in the Patient Agreement.

## **VOLUNTARY NATURE OF PARTICIPATION**

Ketamine is a new psychiatric treatment– the primary studies have been with depression and bipolar disorder. It is not yet a mainstream treatment, though there are now many studies that demonstrate that it may be an effective treatment. That effect generally occurs with more than one treatment and is most robust when part of an overall treatment program.

Ketamine may not permanently relieve depression. If your depressive symptoms respond to ketamine, you may still elect to be treated with medications and ongoing psychotherapy to try to reduce the possibility of relapse and anxiety. Over time, you may also need additional ketamine treatments or other therapies to maintain your remission.

Your decision to undertake ketamine is completely voluntary. Before you make your decision about participating, you may ask and will be encouraged to ask any questions you may have about the process.

Your continued treatment with Bloom also does not necessarily depend on continued ketamine infusions unless there is a specific medical reason for this (eg if we believe that this is the only appropriate treatment for you, which is rare).

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## **WITHDRAWAL FROM KETAMINE TREATMENT IS ALWAYS YOUR OPTION!!!**

Even after agreeing to undertake ketamine treatment, you may decide to withdraw from treatment at any time. You may even stop treatment during the infusion.

**\*\*I understand that I am to have no food or drink at least 3 and preferably 4 hours prior to my ketamine session. I understand that I need to have someone drive me home from the sessions, and not engage in any driving or hazardous activity for at least 6 to 12 hours or more– depending on the continued presence of effects after my session has concluded.**

## **GETTING URGENT HELP BETWEEN SESSIONS**

**Routine Communication Outside of Appointments:** At times it may be necessary to communicate outside of regular appointments with your provider. Calls outside of this generally need to be booked by calling 303-801-1776 to request an appointment, and are subject to availability, and are generally billed at a 15-minute minimum (see fee schedule).

Calls will generally be returned within 1-2 business days unless other extenuating circumstances arise. If the doctor is out of office a covering physician may handle the matter.

Please call us back and leave a detailed voicemail if you do not receive a call back within 1-2 business days, as it is possible the message was lost or we were unable to understand it. Include your name, reason for calling, and callback number.

**If you desire a practice with guaranteed same-hour or same-day callbacks from a doctor or on-call service, please let us know so that we can discuss alternative providers that might better fit these needs.** We are also happy to discuss the use of emergency services for concerns that arise in between appointments with us, to ensure that you are safe, and your urgent needs are always met. Please also see the section about emergencies below.

**If You Have More Intensive/Urgent Care Needs:** This practice is set up as outpatient treatment for patients and their families who are able to safely function outside of a more restrictive environment (such as a psychiatric hospital), and who can generally stay safe for at least a week or two at a time in between sessions or phone calls with Bloom. We **cannot** guarantee capacity for handling urgent or high needs cases that, for example, require multiple consultations per week, the ability to make same-day or same-week appointments, or that need 24/7 on call services.

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If you desire a more intensive care environment than what we offer (such as needing to communicate multiple times per week, or making same-day or after-hours appointments), please let us know immediately so we can assist with alternate care referrals, such as local intensive outpatient programs, please also consider the psychiatric hospitals referenced in this document.

The goal of the doctor is to be mentally alert and present for you during your visit, and not be tired and unable to think clearly, or be distracted by other urgent matters during your session (such as taking calls during your appointment). As such, the practice **cannot** guarantee rapid call-backs (e.g. same-day calls) for urgent calls or other matters outside of booked appointments.

**For your safety, we require that you clearly understand and agree to the limitations of how we respond to urgent concerns, and be knowledgeable and willing to use emergency service providers for concerns regarding your mental health and/or your infusion treatment that cannot wait for our routine callbacks and appointments.** If this is not acceptable to you, please let Dr. Webb know prior to any further services so that alternate care arrangements in the community can be discussed with you.

## Patient Emergencies

**If you are experiencing a medical or psychiatric emergency, or have a concern which requires immediate help, call 911, or proceed to the nearest emergency room if able to safely drive. Denver Springs (720-643-4300) is a psychiatric hospital in the area that provides 24/7 crisis assessment, no appointment needed. If you are urgently wanting to talk to someone by phone, please call the Colorado Crisis Services at 844-493-8255 or text "TALK" to 38255.**

Please do **NOT** wait for us to return your call to get help for an emergency.

**Patient Capacity to Truthfully and Accurately Communicate Serious Concerns, and Our Ability to Detect Danger:** In general, patients are presumed to have the mental and emotional capacity to make decisions regarding their health care, and how they wish to be treated, unless there is evidence to the contrary. Unless we communicate otherwise, we concur with this statement and give the patient the benefit of the doubt unless there is clear evidence to the contrary, and will treat you accordingly.

It is important to recognize, especially when the patient is seriously ill or a minor, that most patients can choose to conceal or distort how they are actually feeling, including if they are unwell, suicidal, or otherwise feeling aggressive towards others. Patients sometimes do conceal or minimize their symptoms, as they may fear the consequences if they are fully truthful.

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It is important for patients and caregivers to know that the pop culture stereotype of psychiatrists as “mind readers” that have ways to sense the thoughts or intent inside a patient’s mind is inaccurate. There is currently **not** a method to “read minds” and reliably predict if most patients are truly suicidal or otherwise dangerous, especially if they are choosing to conceal such facts.

Again, psychiatrists and mental health workers do **NOT** have special tools that enable them to “force” the truth out of a patient that is concealing it, and thus to know with certainty what they are really thinking. In fact, prediction of future dangerous actions from a patient is extremely difficult. The scientific community is currently working hard to develop reliable ways to predict dangerous future behavior such as suicide, but as noted in the Lancet journal “there is no effective algorithm to predict suicide in clinical practice” (Turecki 2016), and a 2019 JAMA Psych article that points out that, even with structured models trying to predict future suicides, “their accuracy of predicting a future event is near 0.” (Belsher, 2019)

The fact that even trained clinicians using researched prediction models currently have very limited ability to detect true suicidal or violent intent should be kept in mind during treatment, and patients/caregivers should NEVER assume that by having a patient assessed that the truth about how they feel and their future risk is known for certain.

### **Reducing Risk of Harm - What You Can Do Now!**

Just because a patient was recently assessed, and serious suicidal or violent intent was not discovered by the clinician, does **NOT** necessarily mean that the truth is known, that they are definitely safe, and the danger has passed. Caregivers and patients should thus have a plan for ongoing observation of the patient (for example, some parents will insist on 24/7 monitoring by a parent when the child seems particularly ill, some families will have regular check-in times, etc), for having clinical follow ups that can meet their needs, and should work on minimizing access to means for the patient to harm themselves or others (such as storing away pills, weapons, etc).

**Please review ways to help and reduce risk by talking with the doctor with any questions you have, including about ketamine infusions, and please review articles around ways to spot warning signs and reduce suicidal means. Please review these as soon as possible (preferably prior to your first appointment so you can ask any questions):**

<https://www.sprc.org/comprehensive-approach/reduce-means>

<https://save.org/about-suicide/preventing-suicide/reducing-access-to-means/>

<https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>

Families should also have a clearly developed plan for if an emergency situation should arise, as noted below. This also includes medical emergencies, including anything potentially related to ketamine infusion.

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## **Prepare For Emergencies Now!**

One of the worst situations a patient can find themselves in is having an unexpected crisis, and not having a plan already in place for how to address it. Trying to figure out a plan during a crisis is never a good idea!

Even if you are not currently in any crisis, and feel completely stable, a crisis can suddenly strike (e.g. unexpected medication side effects or worsening of a mental illness). Do **NOT** assume that you can skip crisis planning because you currently feel stable!

As a patient of Bloom, we ask that you make a plan for how you will handle emergencies now (ie whom to call, when to call/go for help, and where to go), and talk to Dr. Webb about any questions you have. If you do not understand or agree with this, it is **imperative** that you let us know immediately prior to any further services.

It can also be helpful to read about the types of signs and symptoms that suggest needing emergency care, to help inform your plan and discussion/questions with Dr. Webb. Examples for health related matters that may be emergencies can be found here:

<https://www.cigna.com/individuals-families/understanding-insurance/urgent-care-emergency-room>

Psychiatric emergencies and examples are discussed here:

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/What\\_is\\_a\\_Psychiatric\\_Emergency\\_126.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/What_is_a_Psychiatric_Emergency_126.aspx)

### **We ask that ALL patients having:**

- any thoughts of harming themselves or others
  - or who are having any medication side effects that are confusing or more than mildly concerning
  - or who are having symptoms or side effects that we have discussed as being potentially serious
  - or having side effects listed as potentially serious in information handouts (such as the medication package insert)
  - or who otherwise feel unable to stay safe,
- proceed immediately for an in-person examination at the nearest urgent care/medical ER for medical concerns (e.g. medication side effects or physical things wrong with your body), or the psychiatric hospital for mental health concerns (e.g. thoughts of harming yourself or others, or if feeling confused or out of control).

### **In-Person Exams Are Critical During Emergencies:**

We feel it is ESSENTIAL that you have an immediate, in-person exam for any concerns that cannot wait for routine call backs, so that your vital signs can be monitored, and so you can be examined by a trained professional, and then treated quickly if needed. This is much safer than attempting to manage by phone, including if you are not certain if the concern is an emergency.

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We ask that all active clients of Bloom agree to immediately present for an in person exam for any urgent concerns, and NOT attempt to manage a crisis or emergency by phone (e.g. to not, as a first step, call us and wait for a callback to manage it). Clients also should NEVER show up to our office outside of scheduled appointments for urgent help, as we are not currently equipped to provide this.

Certain side effects and symptoms can only be diagnosed properly by a medical or psychiatric exam, and some symptoms can mimic much more serious problems. Thus, presenting for an in-person exam at an urgent care/emergency facility helps remove uncertainty and ensure your safety. If you have any doubts about whether your concerns are serious, it is MUCH better to side with safety and get an in-person exam at an urgent care or emergency room. NEVER wait and wonder if something is serious! Get it checked out. If you do not understand or agree with this, it is **imperative** that you let us know immediately prior to any further services.

If you do experience a crisis/emergency, please immediately proceed for help, and call us after you are in a safe setting (e.g. the emergency room), and leave us a detailed voicemail at 303-801-1776. Please let us know what occurred and what hospital you are being treated by, so that we can follow up with you and request records from the facility if needed. Please review this patient agreement regarding expectations around call-back times from us as they also apply here.

If you are unsure about how to handle urgent problems, or do not agree with our approach to managing emergencies (e.g. getting an in-person exam for all urgent concerns), or prefer a practice with after-hours or crisis/emergency care hours and staffing, it is imperative that you discuss this with us as soon as possible so that alternate treatment referrals can be discussed. Please call us at 303-801-1776 for any questions.

**Your execution of this agreement constitutes your acknowledgment that you have read and understand our expectations around urgent/emergency concerns, have had sufficient time to have any questions answered, and you agree to reach out for immediate, in-person help with emergency services for all urgent/emergency matters (as discussed above).**

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# INFORMED CONSENT ATTESTATION

By signing this form, I agree that:

1. I have fully read and understood this entire informed consent form describing ketamine treatment.
2. I have had the opportunity to raise questions and have received satisfactory answers.
3. I fully understand that the ketamine session(s) can result in a profound change in mental state and may result in unusual medical, psychological, and physiological effects.
4. I give my consent to the use of ondansetron for nausea and for clonidine for high blood pressure, and ativan for anxiety or panic.
5. I have been given a signed copy of this informed consent form, which is mine to keep.
6. I understand the risks and benefits, and I freely give my consent to participate in ketamine treatment as outlined in this form, and under the conditions indicated in it.
7. I understand that I may withdraw from ketamine treatment at any time, including during a treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_ Initials