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Format: Abstract

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Effect on Opioids Requirement of Early Administration of Intranasal Ketamine for Acute Traumatic Pain.

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Abstract

OBJECTIVES: To evaluate the efficacy and safety of early administration of low-dose intranasal ketamine on reducing the need for opioid and non-opioid analgesic agents in emergency department (ED) patients with acute moderate to severe acute limbs' trauma pain.

METHODS: This is a double blind, randomized, prospective, controlled study conducted in the ED. The included patients were randomly assigned to intranasal pulverisation of ketamine or placebo. Protocol treatment was given at the triage. The primary outcome is the need for opioids during ED stay. Secondary outcome included the requirement of non-opioid analgesic agents, and percentage of patients discharged from the ED with visual analog scale (VAS) <30. A combined outcome score including the three outcome items was constructed.

RESULTS: We included 1102 patients, 550 patients in placebo group, and 552 in intranasal ketamine group. The groups were similar regarding demographic, clinical characteristics and baseline VAS. Need for opioids was decreased in intranasal ketamine group compared to placebo (17.2% vs. 26.5%; $P < 0.001$). Need for non-opioid analgesics was significantly lower in intranasal ketamine group compared to placebo group (31.1% vs. 39.6%; $P = 0.003$). The percentage of patients discharged with VAS score <30 was significantly higher in intranasal ketamine group ($P < 0.001$). The mean combined outcome score was 0.97 in placebo group and 0.67 in intranasal ketamine group ($P < 0.001$).

CONCLUSION: Intranasal ketamine administered early in the triage was associated with a decrease in opioids and non-opioid analgesics need in patients with acute limb trauma related pain.

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