

Ketamine Dart in an Acutely Psychotic, COVID+ Patient in Preterm Labor

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- ▶ 23-year-old G3P0 at 27 weeks, CoVID+, presented in preterm labor with PMH of substance-induced psychosis, intermittent explosive disorder, suicide attempt, and psychogenic seizures. She was admitted voluntarily, but next day, she developed an acute psychotic episode, wandering the labor floor hallways naked, agitated, combative. The patient pushed a security guard, kicked nursing staff, aggressively screaming at anyone who approached her.
- ▶ She was restrained by security, OB team, and psychiatry who administered lorazepam 2mg IM and diphenhydramine 50mg IM without any significant effect. She had an allergy to haloperidol and the psychiatrist did not want to administer olanzapine due to concerns for cardiorespiratory depression.



Intervention

- ▶ Due to emergent nature of the situation with potential to harm others, and public health concerns given CoVID+, the patient was deemed unable to make rational decisions in this context by 2 attending physicians.
- ▶ In concert with OB, psychiatry, and anesthesia, we administered ketamine 100mg IM with good effect. She was brought back to her room and 2 peripheral IVs placed. Her SpO2 remained above 95% on RA, and she continued to be monitored by our team.



Discussion

- ▶ Management of acutely psychotic patients can be difficult especially in the context of pregnancy. Pregnancy in such patients introduces concerns pertaining to sudden changes in medication compliance, medication metabolism, elimination, and fetal concerns.
- ▶ Consent in emergency situations can be impossible to obtain but when patient, fetus, and others are at risk, timely intervention is critical and may call for emergency consent.
- ▶ IM haloperidol is commonly used to sedate psychotic patients, but haloperidol allergy/intolerance presents unique challenges in acute situations.
- ▶ COVID+ patients force additional consideration for the safety of staff when intervening on disruptive patients. The acutely psychotic non-pregnant patient is typically admitted to an area adept to handle such patients (e.g. psychiatric floor or ED). Staff on a labor floor are unfamiliar with and untrained to treat actively psychotic patients, which can lead to both patient and staff harm, thus transfer to such a dept. after medical clearance is essential.

References

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