

## Ketamine/Esketamine Review

### Important Information

Please work through the following pages with your patient or the patient's chart as necessary. Fax completed documents to 1 888 629-4722. Keep the original in your chart / file.

I, \_\_\_\_\_ request full reimbursement for completing the Ketamine/Esketamine Review booklet for my patient, \_\_\_\_\_.

Physician name: \_\_\_\_\_

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

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

Payee Code: \_\_\_\_\_

**FOR QUESTIONS** on completing this form please contact WorkSafeNB toll-free at 1 800 999-9775.

## Ketamine/Esketamine Approval, Documentation and Treatment Review Booklet

This workbook allows for systematic documentation and review of the ketamine/esketamine treatment process. Each section provides templates for the necessary information and sign-offs.

### **Section 1: WorkSafeNB Pre-Approval and Initial Sign-Off**

- This section has two parts:
  - Part 1 is to be completed by treating physician or healthcare professional.
  - Part 2 is a pre-approval checklist to be completed by a WorkSafeNB psychology consultant.
- Please see Section 1 of the review booklet

### **Section 2: Physical and Psychological Monitoring and Safety During Each Session**

- This section is to be completed by the treating physician, nurse practitioner or a nurse during or after each session.
- Please see Section 2 of the review booklet

### **Section 3: Ongoing Monitoring of Psychological Scores**

- This section is to be completed by the treating physician. Regular monitoring and notation of the Patient Health Questionnaire (PHQ-9) scores is required.
- Please see Section 3 of the review booklet

### **Section 4: Quarterly Review for Continued Approval**

- This section is to be completed by a WorkSafeNB psychology consultant.
- Please see Section 4 of the review booklet

The physical and psychological monitoring and safety during each session are tracked in real-time, while ongoing monitoring and quarterly reviews ensure that the treatment is continuously evaluated for safety and efficacy.

Health care professionals must complete all sections of the workbook in full to ensure WorkSafeNB's standard for excellence in client care and patient safety.

**Section 1:** WorkSafeNB Pre-Approval and Initial Sign-Off

Information to be completed by treatment provider (treating physician)

PART 1: PATIENT INFORMATION

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Claim number: \_\_\_\_\_

Current risk of suicide:  None  Low  Medium  High

Detailed treatment plan and justification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected outcomes and milestones:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART 2: PRE-APPROVAL CHECKLIST

- Client has an accepted compensable injury AND meets DSM-5-TR criteria for Major Depressive Disorder
- Documentation of at least two (4-week) ineffective trials of first line psychotropics as evidenced by a failure to achieve a greater than 5pt reduction from the baseline severity score on the Patient Health Questionnaire (PHQ-9)
- Evidence of active suicidality under the care of a psychiatrist
- No exclusion criteria present
- Proposed treatment and monitoring plan provided
- Billing for this service will respect the parameters and limitations of the WorkSafeNB and New Brunswick Medical Society Agreement Billing Manual, current as of the date service is rendered

WorkSafeNB Pre-Approval Reference Number: \_\_\_\_\_

WorkSafeNB Consultant Name and Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

**Section 2:** Physical and Psychological Monitoring and Safety During Each Session

Information to be completed by the treating physician, nurse practitioner or a nurse during or after each session.

SESSION CHECKLIST (treating nurse or physician)

Date and time of treatment session: \_\_\_\_\_

Cardiorespiratory monitoring log:

Pre-session vital signs recorded  HR  BP  O2 stats  RR

Continuous monitoring recorded  HR  BP  O2 stats  RR

Post-session vital signs recorded  HR  BP  O2 stats  RR

Health professional attendance record:

Airway management expert name and credentials: \_\_\_\_\_

Signature confirming attendance and patient stability: \_\_\_\_\_

PSYCHOLOGICAL MONITORING LOG (treating nurse or physician)

Pre-session psychological state (attach or enter brief notes):

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Immediate post-session psychological state (attach or enter brief notes):

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Adverse effects noted during session:

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Patient's feedback:

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**Section 3:** Ongoing Monitoring of Psychological Scores

Psychological assessment record typewritten (treating doctor) (attach the Patient Health Questionnaire (PHQ-9) test): [www.worksafenb.ca/media/63128/phq-9-test.pdf](http://www.worksafenb.ca/media/63128/phq-9-test.pdf)

ASSESSMENTS:

	Baseline	3 months	6 months	9 months
Date				
PHQ-9 Score				

**Section 4:** Quarterly Review for Continued Approval

Information to be completed by WorkSafeNB Psychology Consultant

Quarter Period (dates): \_\_\_\_\_

Summary of psychological assessment scores:

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Overview of patient's progress:

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Evaluation of potential side effects:

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Assessment of overall well-being:

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Immediate post-session psychological state (attach or enter brief notes):

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Benefits seen and documented in assessments:

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Recommendations for continuing treatment:

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SESSION CHECKLIST (treating nurse or physician)

Consultant's name: \_\_\_\_\_

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

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

DECISION ON TREATMENT CONTINUATION:

Recommended: \_\_\_\_\_

Not Recommended: \_\_\_\_\_

Modifications Required: \_\_\_\_\_

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Follow-up actions and date for next review:

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