



The bottom line is that the efficacy and side effect profile of ketamine does not compare with the predictable efficacy and safety of opiates and CPAP. As the authors conclude, ketamine should be reserved for patients who fail standard therapies. Its use in anesthetic doses might have some role as rescue therapy in acute asthma with respiratory failure, but should be undertaken only with immediate readiness to address both respiratory and circulatory collapse.

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<http://dx.doi.org/10.1016/j.jemermed.2013.08.146>

#### REFERENCE

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