Clinical Pathway for Evaluation/Treatment of Adults with Sickle Cell Disease and Pain (ED)

Time elapsed from arrival

	Triage	
ED Team Assessment		
Goals	• Administer pain medication within 60 mins of patient's arrival to the ED with crisis pain	
	Reassess pain 30 minutes after IV administration	
	 Provide additional doses of opioids for persistent pain in a timely way 	
Considerations	• Use oral diphenhydramine for opioid induced pruritis.	
	 Avoid IV diphenhydramine due to increased sedation 	
	Use IV ondansetron for opioid induced nausea	
	• Use non-pharmacologic measures such as heating pads and lidocaine patches for local pain relief	
	 Use IV fluids as clinically indicated for dehydration/ intravascular volume depletion 	
	Caution: Corticosteroids may exacerbate crisis	
Vascular Access	Place IV, ultrasound-guided as needed	
	 If delayed due to poor venous access, consider SubQ opioids for pain control 	
Initial Work-Up	 History and Physical Exam STAT CBC w/diff, retic count, CMP Consider UPT in all post-menarchal females Urine and blood cultures if febrile Type and Cross should be drawn for: Focal neuro deficits Concern for acute chest syndrome (ACS) Hgb < 6 g/dL or Hgb drop >2 g/dL from baseline Call hematology service if acute anemia is present Be mindful that blood products may be delayed due to antibodies and early typing may be warranted Imaging: Chest x-ray Fever, respiratory symptoms, hypoxia, or otherwise indicated Consult hematology service if chest infiltrate is present to discuss admission as decompensation can occur with acute chest syndrome 	

min

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Management of Moderate/Severe Pain		
	15 mg IV Ketorolac* and	
	Morphine 6 mg OR (0.1 mg/kg)	
Initial Bundle	OR	

Educational Media

Managing Sickle Cell Disease in the ED, ACEP

PEM Episode 9: Sickle Cell Disease

Evidence



ASH 2020 Guidelines for SCD: Management of Acute and Chronic Pain

Clinical Pearls

Patients may have learned distraction techniques for pain coping on assessment which can include:

- Sleep ۲
- Television
- Phone use
- Headphones/music
- Apps/games
- **Comfort measures**

Most patients have received some form of IV pain medication since childhood. We can trust they know which medication works best for them.

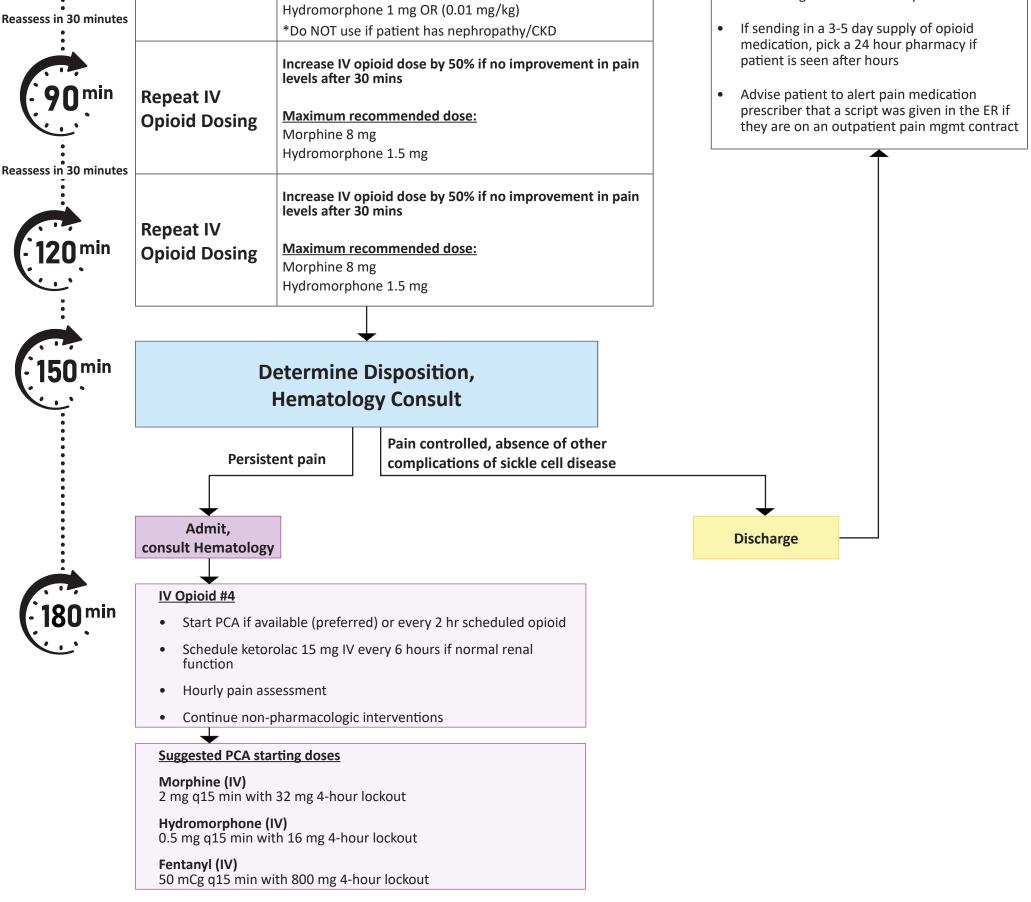
If a patient suggests a medication that worked well for them in the past, this is self-advocacy. Please do not misconstrue this behavior as drug seeking.

<u>Please refer to individualized treatment plan</u> that patient has been advised to carry

> **Re-evaluating pain every** 30 minutes expedites disposition to either discharge or admission!

Discharge considerations:

- Pain rating does not have to be 0/10, however, provider should discuss with patient if they can feel like pain can be managed at home or if admission is needed.
- Encourage follow-up with outpatient hematologist within 7-10 days



References:

- 1. Brandow AM, Carroll CP, Creary S, et al. American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain. Blood Advances. 2020;4(12):2656-2701. doi:https://doi.org/10.1182/bloodadvances.2020001851
- Philadelphia TCH of. Sickle Cell Disease with Pain Clinical Pathway ? Emergency Department. www.chop.edu. Published August 12, 2014. 2. https://www.chop.edu/clinical-pathway/sickle-cell-disease-with-pain-clinical-pathway