Sickle Cell and Painful Crisis:

Emergency Department Clinical Practice Guideline (CPG)

Protocol approved by:
Divisions of Pediatric Emergency Medicine and Hematology/Oncology
Date of approval: 6/09

cardinalglennon.com
Sickle Cell Pain – ED Clinical Practice Guideline

System Focused Physical Assessment
Vital Signs
Weight in Kg
Pain Assessment Score
Notify ED Attending

If Change in Mental Status, Focal Neuro Deficits or Seizure
See Sickle Cell “Stroke” CPG

Pain Scale
1-7

Home Pain Medications Given?

Yes

Trial of PO meds
-Tylenol/codeine or
-Oxycodone (+/- Tylenol), or
-Dilaudid, or
-Morphine
Consider IV fluids

No

Re-assessment Q 30 minutes
Repeat Vital Signs
Repeat Pain Scale Rating Improvement?

Yes

Discuss with Hematology Attending

Home:
-Ambulatory
-Able to refill Rx
-Costas Center follow-up

No

Re-assessment Q 15 minutes
Repeat Vital Signs
Repeat Pain Scale Rating Improvement?

Yes

Discuss with Hematology Attending

No

Admit:
Consider CXR if:
-SOB
-Chest pain
-Low SaO2

-CBC, Reticulocyte Count, and
-IV placement, and
-NS bolus (10 cc/kg), and
-Morphine IV (0.1 mg/kg; max 5 mg IV) q 15 min x 2, and/or
-Toradol (0.5 mg/kg; max 30 mg IV)