PEDIATRIC SICKLE CELL WITH PAIN, EMERGENCY DEPARTMENT, GUIDELINE

Updated: January 27, 2023

Clinical Algorithm:

- Presents with sickle cell disease with acute pain episode
- Exclusion criteria: fever or concern for acute chest syndrome

- Already taking PO opioids at home?
  - Yes with uncontrolled pain ---> Use SCD VOC order set
    - Obtain IV access & labs: CBC, retic count, CMP
    - Give NS bolus 10cc/kg (max 1L) then start 1x MIVF
      - Give Ketorolac 0.5mg/kg (max 30mg)
    - IV Opioid Dose #1
      - IV Morphine 0.1mg/kg (max 8mg) OR Dilaudid 0.015mg/kg (max 1mg)

- Reassess pain in 20 minutes
  - Goal for next dose (if needed) in 30 minutes

- IV Opioid # 2: Give 50% of original dose if no significant improvement
  - Reassess pain in 20 minutes
    - Goal for next dose (if needed) in 30 minutes

- IV Opioid # 3: Give 50% of original dose if no significant improvement
  - Reassess pain in 20 minutes
    - Goal for next dose (if needed) in 30 minutes

- If significant pain persists or vital sign changes, plan for admission, and call pediatric hematology on call provider. Give 4th opioid dose (25% of original)

Discharge Criteria:

- Patient has good pain relief and remains comfortable 1 hour past last opioid dose.
- Discharge home on scheduled Ibuprofen + scheduled oxycodone 0.1mg/kg (max 5mg) with 3 day supply.
- Inform PHO of patient discharging.

No OR mild pain.
Ibuprofen + Oxycodone

If IV access cannot be obtained in 30 minutes give Intranasal Fentanyl 1mcg/kg (max 100mcg)
Clinical Pathway Summary

CLINICAL PATHWAY NAME: Pediatric Sickle Cell with Pain, Emergency Department

PATIENT POPULATION AND DIAGNOSIS: Pediatric patients with Sickle Cell Disease presenting to the Emergency Department with acute pain episode. Excludes fever or concern for acute chest syndrome.

APPLICABLE TO: Helen DeVos Children’s Hospital

BRIEF DESCRIPTION: This outlines the algorithm of decision making for treatment of pediatric patients with sickle cell disease who present to the emergency department with acute pain consistent with vaso-occlusive crisis and without other complications. It has advised doses and timing to best treat pain consistent with national organization guidelines.

IMPLEMENTATION DATE: February 28, 2023

LAST REVISED: January 27, 2023

Pathway Information

OWNER: Megan Burcham, Matthew Pridgeon

EXPERT IMPROVEMENT TEAM (EIT): N/A

CLINICAL PRACTICE COUNCIL (CPC): Children’s

CPC APPROVAL DATE: February 28, 2023

References
