

Emergency Department

Management of Sickle Cell Acute Painful Crisis

June 2019

Analgesia must be given within 30 minutes

Triage

- Observations (give oxygen if saturations \leq 95%)
- Document pain score
- Check if patient has individualised sickle cell plan (red folder in Majors)

Pain Score (0-10)

Mild: 1-3

Moderate: 4-7

Severe: \geq 7

Analgesia < 30 minutes

- Consultant in Charge to prescribe analgesia/allocate named doctor
- If own protocol available, follow instructions. If not:
 - All patients: **paracetamol 1g PO and ibuprofen 400mg PO** (unless contraindicated)
 - Severe pain: **morphine 10mg S/C** (consider 5mg if opiate naïve or low body weight)
 - Moderate pain despite analgesia: **morphine 10mg S/C**
 - Moderate pain no analgesia: **codeine or dihydrocodeine 30-60mg PO**

Reassess pain at 30 minutes

- If ongoing pain, prescribe second bolus **morphine 5-10mg S/C**
- Continue to reassess pain every 30 minutes until controlled

Other Medical Care

- Fluids: consider IV fluids if dehydrated
- Antibiotics: if febrile. Co-amoxiclav + clarithromycin OR levofloxacin alone if penicillin allergic
- Laxatives: consider if constipated OR with strong opioid use
- Oxygen: consider O2 if sats \leq 95%

Haematology Referral

- Refer if uncontrolled pain, chest crisis or complications
- In hours: red cell reg bleep 7080
- Out of hours: via switchboard/haem SpR bleep 6068
- Discuss with obstetric SpR if pregnant

Consider Chest Crisis if:

- Respiratory symptoms
- Fever
- Chest pain
- Saturations \leq 95%

Complications:

- Acute stroke
- Aplastic crisis
- Infection
- Osteomyelitis
- Splenic sequestration