

## 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
- Use this protocol unless individualised protocol available (red folder in majors)

#### Pain Score

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

- Anti-emetics (**AVOID IV CYCLIZINE**)
- 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

### Haematology Referral

- In hours: red cell reg bleep 7080
- Out of hours: switchboard/haem reg bleep 6068
- Discuss with obstetric registrar if pregnant

### Consider Chest Crisis if:

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

### Complications

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