



**Sickle Cell Anemia
Pain Orders (Adopted with permission from the IWK Health Centre)
*HIGH ALERT***

Printed Order

Patient: _____

Age _____ Wt: _____ kg Date of Wt (dd/mm/yyyy) _____

Height _____ Body Surface Area _____

Allergies: _____

The following orders will be carried out by a licensed healthcare professional **ONLY ON THE AUTHORITY OF AN APPROVED PRESCRIBER. Where choice occurs, check as appropriate.**

Refer to APPHON Guidelines for Sickle Cell Disease in Children and Adolescents.
Refer to IWK Parenteral Manual (morphine and HYDRomorphone monographs).

Required Evaluations	Daily CBC, Diff Daily Na, K, Cl, bilirubin, ALT, AST, BUN, creatinine, amylase, blood gas, reticulocyte count
	Please check as appropriate
Optional Evaluations	<input type="checkbox"/> Abdominal ultrasound if RUQ pain or epigastric pain <input type="checkbox"/> Chest X-ray if chest pain or O ₂ Saturation less 93% or abnormal breathing <input type="checkbox"/> Other: _____
Vital Signs	Every hour until stable, then q4h and within 30 minutes prior to leaving the hospital
	Quiet activities x 24 hours and avoid very cold drinks and caffeine

Treatment	
Hydration	IV D5W + 0.9% NaCl at 1 ½ x maintenance = _____ mL/hour (up to 150 mL/hour) or oral equivalent
•	Acetaminophen _____ mg PO/PR q4h prn (15 mg/kg/dose, maximum 5 doses/day)
<input type="checkbox"/>	<input type="checkbox"/> Initial IV Bolus Dose: Morphine 1 mg/mL _____ (0.05 mg/kg/dose) IV over 10 minutes
	• Continuous IV Infusion: Morphine 1 mg/mL intravenously at a rate of _____ mg/kg/hour (range = 0.01-0.04 mg/kg/hour)
	<input type="checkbox"/> Breakthrough Doses: Morphine 1 mg/mL, _____ mg/kg/dose IV over 10 minutes every 30-60 minutes prn (range = 0.01-0.04 mg/kg/dose)
If patient has previously received morphine but was unable to tolerate it start HYDRomorphone	
<input type="checkbox"/>	<input type="checkbox"/> Initial IV Bolus Dose: HYDRomorphone 0.2 mg/mL _____ micrograms/kg/dose IV over 10 minutes (usual range 2-8 micrograms/kg/dose)
	• Continuous IV Infusion: HYDRomorphone 0.2 mg/mL _____ micrograms/kg/hour IV. (usual range 2-8 micrograms/kg/hour)
	<input type="checkbox"/> Breakthrough Doses: HYDRomorphone 0.2 mg/mL _____ micrograms/kg/dose IV over 10 minutes every 30-60 minutes prn. (usual range 2-8 micrograms/kg/dose)
•	Continuous oxygen saturation monitoring x first 24 hours and when asleep or unattended.
•	If oxygen saturation less than 93% - administer oxygen. Notify resident to assess patient.
•	Naloxone, available, but NOT drawn up (to be ordered and given IV push by physician if needed): Naloxone _____ mg (0.001 mg/kg). Repeat every 2-3 minutes until desired response achieved.
<input type="checkbox"/>	If no contraindication: Ibuprofen _____ mg PO q6h prn. (6 months and older 10 mg/kg/dose, maximum 40 mg/kg/day or 2.4 g/day)
•	Continue supplementation with folic acid and continue pneumococcal prophylaxis. (orders required)

DATE (dd/mm/yyyy) _____ Time (24hr/hh:mm) _____ Prescriber Signature _____ Printed Surname/Registration# _____

DATE (dd/mm/yyyy) _____ Time (24hr/hh:mm) _____ Verified By (Signature) _____ Printed Surname _____