



**Sickle Cell Disease Pain Admission Orders
Greater than 6 Months old
HIGH ALERT**

*This is a two-page document.

K07002307 Jun/7/2002 M
SCA,TEST Visit
ER0000145/12 HCN: 22222222
Van den Hof, TEST / TEST, Maureen
Dec/8/2011

Patient: _____

Alert Record Reviewed No Allergies Known

Allergies-Adverse Reactions-Cautions: _____

Age _____ Patient's Weight _____ kg Date of Patient's Weight _____

DIAGNOSIS: _____

Items preceded by a **bullet (•)** are active orders. Items preceded by a **checkbox ()** are only actioned if checked (✓)
Refer to APPHON website for the link to the CanHaem Consensus Statement on the care of patients with sickle cell disease in Canada (<https://www.apphon-rohppa.com/en/guidelines/sickle-cell-guidelines>)

GENERAL

• Admit to _____ Admitting Physician: _____

DIET/FLUIDS

Diet as tolerated Diet _____

• Avoid very cold drinks and caffeine

NaCl 0.9% (maintenance rate; maximum 150 mL/hour) _____ mL/hour IV or oral equivalent

MONITORING

• BP, HR, RR, Temp and pulse oximetry every hour until stable, then every 4 hours

• Pain Assessments every 30 to 60 minutes

• Keep oxygen saturation above 94%. Apply oxygen and notify most responsible prescriber and respiratory therapist

Incentive spirometry _____

LAB/INVESTIGATIONS

• Blood culture and sensitivity if temperature is greater than or equal to 38° C one hour apart or greater than or equal to 38.3° C, or if patient appears unwell. If fever, refer to APPHON Sickle Cell Disease and/or Asplenia with Fever or Acute Illness Pediatric Admission Orders

CBCD daily frequency _____

Reticulocyte Count daily frequency _____

Na⁺, K⁺, BUN, creatinine daily frequency _____

ALT, AST, bilirubin (total and direct) daily frequency _____

Blood gas, blood glucose, lactate if hemodynamically unwell

Abdominal ultrasound if RUQ pain or epigastric pain

Chest X-ray if chest pain or oxygen saturation less than 94% or abnormal breathing

Other _____

MEDICATIONS

• Acetaminophen (15 mg/kg/dose, maximum 1000 mg/dose) _____ mg PO q4h PRN(maximum 75 mg/kg/24 hours)

• If greater than 3 months and greater than 5 kg: Ibuprofen (10 mg/kg/dose, maximum 400 mg/dose) _____mg PO q6h PRN for pain(maximum 40 mg/kg/24 hours) **OR**

• If Infant 1-3 months or less than 5 kg: Ibuprofen (5 mg/kg/dose) _____ mg PO q6h PRN

Choose ONE of the following:

See completed order set APPHON continuous **Morphine** infusion

If patient has previously received morphine but was not tolerated

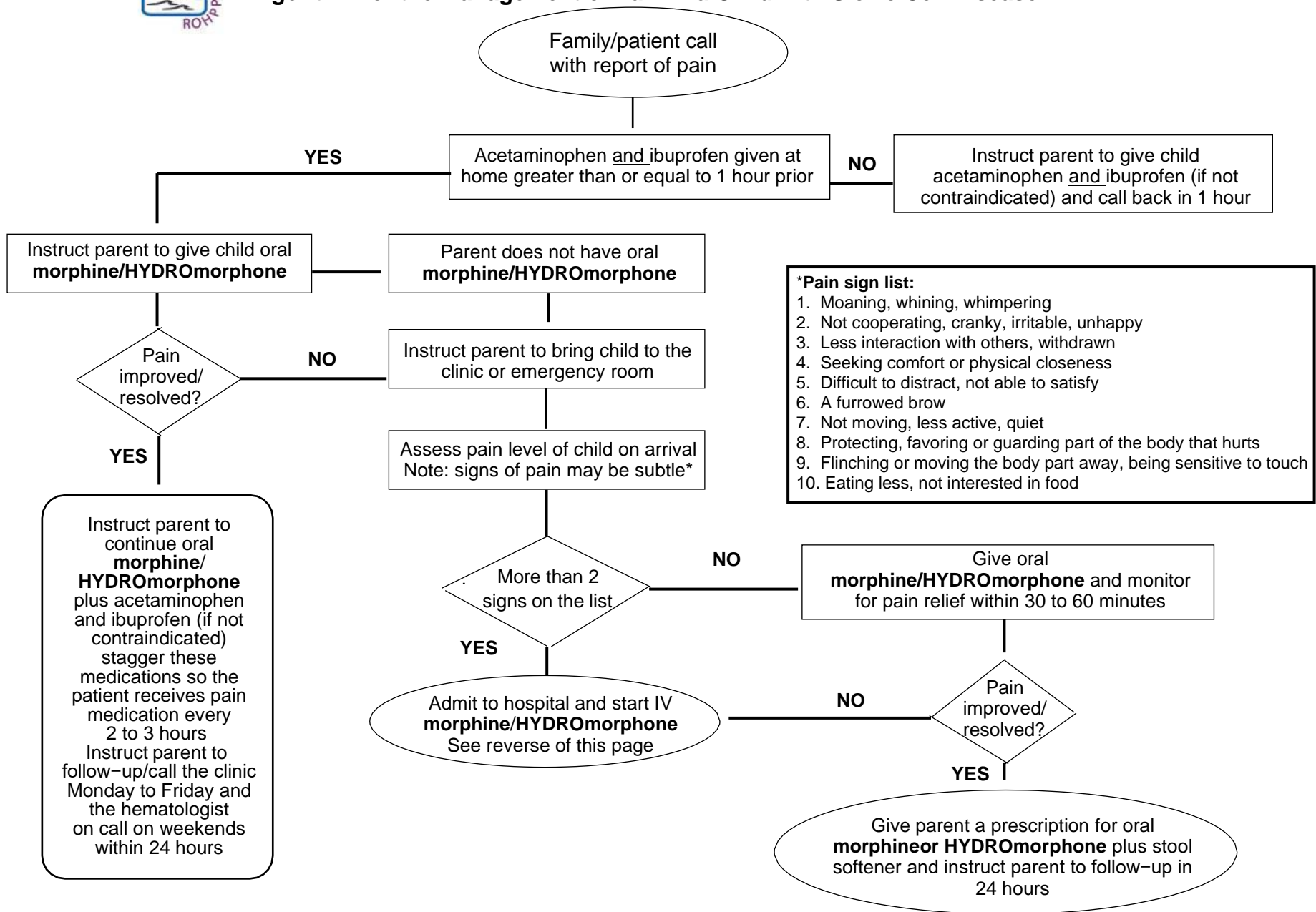
See completed order set APPHON continuous **HYDRMorphine** infusion

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

DATE (yyyy/MON/dd) Time (24hour/hh:mm) Verified By (Nurse Signature) Printed Surname



Algorithm for the Management of Pain in a Child with Sickle Cell Disease



- *Pain sign list:**
1. Moaning, whining, whimpering
 2. Not cooperating, cranky, irritable, unhappy
 3. Less interaction with others, withdrawn
 4. Seeking comfort or physical closeness
 5. Difficult to distract, not able to satisfy
 6. A furrowed brow
 7. Not moving, less active, quiet
 8. Protecting, favoring or guarding part of the body that hurts
 9. Flinching or moving the body part away, being sensitive to touch
 10. Eating less, not interested in food