



**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<sup>+</sup>, K<sup>+</sup>, 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

