*This is a two-page document.

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

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 93%. 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 93% 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 **HYDROmorphone** 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

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

Family/patient call with report of pain

Acetaminophen and ibuprofen given at home greater than or equal to 1 hour prior

YES

NO

Instruct parent to give child acetaminophen and ibuprofen (if not contraindicated) and call back in 1 hour

Instruct parent to give child oral **morphine/HYDROmorphone**

Parent does not have oral **morphine/HYDROmorphone**

Pain improved/ resolved?

NO

Instruct parent to bring child to the clinic or emergency room

YES

Assess pain level of child on arrival
Note: signs of pain may be subtle*

*__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

Instruct parent to continue oral **morphine/ HYDROmorphone** plus acetaminophen and ibuprofen (if not contraindicated) stagger these medications so the patient receives pain medication every 2 to 3 hours
Instruct parent to follow−up/call the clinic Monday to Friday and the hematologist on call on weekends within 24 hours

More than 2 signs on the list

NO

Give oral **morphine/HYDROmorphone** and monitor for pain relief within 30 to 60 minutes

YES

Admit to hospital and start IV **morphine/HYDROmorphone**
See reverse of this page

Pain improved/ resolved?

NO

YES

Give parent a prescription for oral **morphineor HYDROmorphone** plus stool softener and instruct parent to follow−up in 24 hours