# Pediatric Sickle Cell Pain Pathway

*Patient Presents to ED in Acute Pain*

## Assessment

» Triage as high priority (ESI 2). Evaluate for fever or respiratory symptoms.

» Administer analgesia within 30 minutes of triage or 60 minutes of ED registration. Assess pain using developmentally appropriate scale (N-PASS, FLACC, FACES, Numeric)

» Place patient on continuous CR monitor, pulse oximetry

» Order initial labs: CBC/differential, reticulocyte count, CMP. Additional labs may be indicated according to history and clinical presentation.

## Initial Pain Management

» Select IV opioid based on patient-reported pain level, clinical presentation, and history of opioid use and response. Consider an initial dose of **0.1 mg/kg of IV morphine** or **0.015 mg/kg of IV hydromorphone**.

» For children > 6 mos of age, administer **Toradol (ketorolac) 0.5 mg/kg Q6H** (max. dose 30 mg IV Q6H). Verify that renal function is WNL. *Do not need to wait for CMP results before giving first dose of Toradol.

» Administer an initial NS bolus of 10 mL/kg followed by hydration with D5 ½ NS at **1.5x maintenance**. (Max. rate is ≤ 150 mL/hr)

» Nonpharmacologic intervention: heat application to affected area, distraction, deep breathing with the help of incentive spirometry/pinwheels.

## Reassessment

» Reassess for response to pain medication and changes in clinical status every 15-30 minutes.

» Manage opioid side effects as indicated (ondansetron, Benadryl, etc).

» Call hematologist with update.

## Pain Improved

» If pain is controlled, discharge patient with oral opioid for home.

- Drink plenty of fluids.
- Apply heat packs/heating pad to painful area.
- Alternate oral opioid pain medication with ibuprofen as outlined on your home pain plan.
- Call your hematologist for worsening pain.
- Add bowel regimen to prevent constipation.

## Pain Relief Inadequate

» If pain relief is inadequate 30 minutes after initial dose, may give rescue opioid dose (typically 1/2 of initial dose).

» If pain control is unable to be achieved with 3-4 hours of ED management, consider hospital admission with PCA.

**Evaluate for signs of complications, e.g. aplastic crisis, sepsis, acute chest syndrome, osteomyelitis, neurological, pulmonary, or abdominal event.*

*Disclaimer: This pain pathway is not intended for patients with complex pain management needs.*

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