This pathway should be used for patients with SS, SC, or Sβ-thalassemia type sickle cell disease who present with vaso-occlusive pain crisis. Please direct questions to Maine Children’s Cancer Program (207-396-7565)

**CLINICAL ALGORITHM FOR INITIAL MANAGEMENT OF SICKLE CELL PATIENTS WITH PAIN**

This pathway should be used for patients with SS, SC, or Sβ-thalassemia type sickle cell disease who present with vaso-occlusive pain crisis. Please direct questions to Maine Children’s Cancer Program (207-396-7565)

**Pain in pediatric sickle cell patient**

**Triage level 2**

Immediate evaluation with history and physical and diagnostic workup including:
- CBC with differential
- Reticulocyte count

**Severe or atypical headache?**
**Altered mental status?**
**Focal neurological findings?**

**YES**

**Suspect Stroke**
**OFF PROTOCOL**
**Activate Pediatric Code Stroke (580-5917)**

**Mild/Moderate Pain (Pain score <5)**

**Oral Analgesia**
- Oxycodone 0.15mg/kg up to 10mg
  AND
- Ibuprofen 10mg/kg (max 800mg/dose)
  (if no NSAIDS in preceding 6 hours)

**PO Oxycodone 0.15mg/kg up to 10mg**
**Reassess in 60 minutes**

**If pain adequately controlled after 60 minutes**

**If pain NOT adequately controlled, proceed to IV analgesia**

**Home Criteria:**
- Pain relief continues for minimum of 60 minutes with oral analgesia
- Absence of other complications of SCD
- Follow up appointment via phone clinic visit
- Disposition discussed with Hematologist

**Persistent Pain**

**Persistent Pain**

**Heme/Onc Consult**
**IV Morphine Dose #4**
**Admit to hospital**

**Moderate/Severe Pain (Pain score ≥ 5)**

**IV Analgesia**
- Consider IN Fentanyl 2mcg/kg as bridge to IV therapy

**IV Morphine dose #1**
0.1-0.15mg/kg/dose (max 7mg/dose)
AND
**IV Ketorolac 0.5mg/kg/dose (max 30mg dose)**

**Reassess pain in 20 minutes**

**IV Morphine dose #2**
50% loading dose

**Reassess pain in 20 minutes**

**IV Morphine dose #3**
25-50% loading dose

**Reassess pain in 20 minutes**

**Heme/Onc Consult**
**IV Morphine Dose #4**
**Admit to hospital**

*Begin analgesic management within 30 minutes of triage or 60 minutes of registration*


Algorithms are not intended to replace provider’s clinical judgment or to establish a single protocol. Some clinical problems may not be adequately addressed in this guideline. As always, clinicians are urged to document management strategies.