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)

Management of Pain in Pediatric Sickle Cell Patients

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 Refer to Management of Stroke in Pediatric Sickle Cell Patients Algorithm

Abdominal Pain? Enlarged spleen? YES Consider hepatobiliary complications, splenic sequestration. Consider Abdominal Ultrasound

Vaso-occlusive crisis management
Administer IV fluids to achieve a euvoletic state (careful to avoid hypervolemia)

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)

Reassess in 30-60 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

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

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

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

The Barbara Bush Children’s Hospital
At Maine Medical Center

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.
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)

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.