



Blank Children's
Hospital
UnityPoint Health

ED Sickle Cell Pain Management Guideline

Offer intranasal (IN) fentanyl prior to IV start.
Dose: 1-2mcg/kg (max dose: 100 mcg)

Inclusion: Patients with HgSS, HgSC, or HgS- β thalassemia who presents with suspected vaso-occlusive pain event.

- IV start
- Labs:
 - CBC with differential
 - Reticulocyte count
- Other workup as history and physical dictates
- Pain medication
 1. Ketorolac 0.5mg/kg (max 30 mg) if ibuprofen has not been given in the past 6 hours **AND**
 2. Opioid (review chart and use what has worked in the past or ask the patient what works):
 - Morphine 0.1mg/kg (max 6mg) **OR**
 - Hydromorphone 0.01mg/kg (max 1mg)
- Normal saline bolus followed by maintenance IVF. Do not give bolus if concerns for acute chest.
- Warm packs to painful area.

- Reassess pain every 20-30 minutes
- Consult with hematology after labs returned and pain reassessments to assist in disposition. Transfer Center number: 1-800-806-1787
- If no significant improvement after above, redose opioid at 50% original dose.
- If has persistent pain after 2-3 doses of opioid will need to consider admission
- If able to be discharged:
 1. Scheduled ibuprofen every 6 hours 10mg/kg (max 600mg)
 2. Narcotic prescription for home based on previous prescriptions