

Emergency Department Sickle Cell Pain Initial Order Set Moderate to Severe Pain

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To be used for all patients with a diagnosis of sickle cell disease pain score of 5 or higher.

**Please check Bulletin Board on Meditech to see if patient has a current pain plan.

Weight (I	<u>(a):</u>	Allergies:	Time to room:		l Pain So			
	5 \ 67			ading dose Dilaudid: 0.015mg/kg.				
Guide		dose 100mcg (2 dose max). Max dose 10mg. Recommended max dose 1.2mg.						
Time since roomed	Time ordered	Orders:			MD initial	Pain Score	Time	RN initial
		Fentanyl intranasal #1:	_ mcg					
			_ mcg to be given 5 min after 1st dose					
		Place PIV or access central	venous device					
		CBC-diff, retics, urine bHCG Other labs (write in):	≥ 10yo; Blood Cx if febrile					
		*If patient declines intranasa						
4.0		Loading dose morphine sulfa	ate IV: mg OR					
<10		Loading dose Dilaudid IV:	mg					
min		Ketorolac IV:mg (0	.5 mg/kg to max 30 mg)					
		IV fluids: D5 ½ NS at	mL/hr (1.5 x maintenance)					
Diphenhydraminemg IV prn itching (1 mg/kg to max 50 n								
			rn nausea (0.1 mg/kg to max 8 mg)					
			onemg IV (50 mg/kg - max: 2 Gm)					
			CHEST: CXR 2 view - indication: eval for acute	chest				
15 min	*IF* IV access is not obtained after 15 minutes and Fentanyl							
			ilaudid SQ instead of IV; notify MD					
	Reassess pain score 10 min after 2 nd Fentanyl dose							
	If pain score is >5 give ½ to 1 x loading dose, or per pain plan, no sooner than 10 min after 2nd Fentanyl dose							
morphine sulfate mg IV or SQ OR								
25 111111	25 min Dilaudid mg IV or SQ							
	If pain score is 3-5 give ¼ loading dose, or per pain plan. **IF likely to go home, also give PO opioid x 1 (bottom line)**							
		morphine sulfate						
			V or □ SQ					
	If noin conve	Reassess pain score						
	ir pain score	is >5 give ½ to 1 x loading d			<u> </u>		I	Г
10 min			_mg □ IV or □ SQ OR					
40 min	nin Dilaudidmg □ IV or □ SQ							
	(see last line	2)**		ve PO	орюіа іі	not alrea	dy done	
	morphine sulfatemg IV or SQ OR					<u> </u>		
DO		Dilaudid mg	/ or □ SQ					
PO		Single dose PO opioid:						
	MD to	discuss case with on-c	call hematologist after 2 doses of op	ioid p	oain me	edicatio	n.	

**Patient should receive PO pain medication prior to discharge home.

Initial/Signature/Title/Print Name	Initial/Signature/Title/Print Name		
Initial/Signature/Title/Print Name	Initial/Signature/Title/Print Name		



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Weight (I	(g):	Allergies: Time to room:	Initia	Pain Sc	ore:		
Dosag	Dosage Intranasal Fentanyl: 1.5 mcg/kg. Loading dose morphine: 0.1-0.15mg/kg. Loading dose Dilaudid: 0.015mg/kg.						
Guide	wide Max dose 100mcg (2 dose max) Max dose 10mg Recommended max dose 1.2mg.					lmg.	
Time since roomed	Time ordered	Orders:		MD initial	Pain Score	Time	RN initial
		Fentanyl intranasal #1: mcg					
		Fentanyl intranasal #2: mcg to be given 5 min after 1st dose					
		Place PIV or access central venous device					
		CBC-diff, retics, urine bHCG ≥ 10yo; Blood Cx if febrile Other labs (write in):					
		If patient declines intranasal fentanyl					
40		Loading dose morphine sulfate IV: mg OR					
<10		Loading dose Dilaudid IV: mg					
min		Ketorolac IV:mg (0.5 mg/kg to max 30 mg)					
		IV fluids: D5 ½ NS at mL/hr (1.5 x maintenance)					
Diphenhydraminemg IV prn itching (1 mg/kg to max 50 mg)							
Ondansetron mg IV prn nausea (0.1 mg/kg to max 8 mg) IF FEBRILE ≥38.5: Ceftriaxone mg IV (50 mg/kg - max: 2 Gm)							
	IF CONCERN FOR ACUTE CHEST: CXR 2 view - indication: eval for acute chest						
15 min	in *IF* IV access is not obtained after 15 minutes and Fentanyl declined, give morphine or dilaudid SQ instead of IV; notify MD						
	Reassess pain score 10 min after 2 nd Fentanyl dose						
If pain score is >5 give ½ to 1 x loading dose, or per pain plan, no sooner than 10 min after 2nd Fentanyl dose							
		morphine sulfatemg					
25 min	25 min Dilaudidmg						
If pain score is 3-5 give ¼ loading dose, or per pain plan. **IF likely to go home, also give PO opioid x 1 (bottom line)**							
	morphine sulfatemg						
		Dilaudid mg □ IV or □ SQ					
		Reassess pain score					
	If pain score is >5 give ½ to 1 x loading dose, or per pain plan.						
morphine sulfatemg IV or SQ OR							
40 min		Dilaudidmg □ IV or □ SQ					
If pain score is 3-5 give ¼ loading dose, or per pain plan. **IF likely to go home, also give PO opioid if not already done (see last line)**							
morphine sulfatemg IV or SQ OR							
		Dilaudid mg □ IV or □ SQ					
PO		Single dose PO opioid:					
	MD to	discuss case with on-call hematologist after 2 doses of op	ioid p	oain me	edicatio	n.	

MD to discuss case with on-call hematologist after 2 doses of opioid pain medication.

**Patient should receive PO pain medication prior to discharge home.

Initial/Signature/Title/Print Name	Initial/Signature/Title/Print Name		
Initial/Signature/Title/Print Name	Initial/Signature/Title/Print Name		