



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

Date: _____

Patient Stamp

**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 (kg):	Allergies:	Time to room:	Initial Pain Score:
Dosage Guide	Intranasal Fentanyl: 1.5 mcg/kg. Max dose 100mcg (2 dose max).	Loading dose morphine: 0.1-0.15mg/kg. Max dose 10mg.	Loading dose Dilaudid: 0.015mg/kg. Recommended max dose 1.2mg.

Time since roomed	Time ordered	Orders:	MD initial	Pain Score	Time	RN initial
<10 min		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 Loading dose morphine sulfate IV: _____ mg OR Loading dose Dilaudid IV: _____ mg				
		Ketorolac IV: _____ mg (0.5 mg/kg to max 30 mg)				
		IV fluids: D5 ½ NS at _____ mL/hr (1.5 x maintenance)				
		Diphenhydramine _____ mg 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		*IF* IV access is not obtained after 15 minutes and Fentanyl declined, give morphine or dilaudid SQ instead of IV; notify MD				
25 min		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 <input type="checkbox"/> IV or <input type="checkbox"/> SQ OR				
		Dilaudid _____ mg <input type="checkbox"/> IV or <input type="checkbox"/> 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)**				
40 min		morphine sulfate _____ mg <input type="checkbox"/> IV or <input type="checkbox"/> SQ OR				
		Dilaudid _____ mg <input type="checkbox"/> IV or <input type="checkbox"/> SQ				
		Reassess pain score				
		If pain score is >5 give ½ to 1 x loading dose, or per pain plan.				
		morphine sulfate _____ mg <input type="checkbox"/> IV or <input type="checkbox"/> SQ OR				
PO		Dilaudid _____ mg <input type="checkbox"/> IV or <input type="checkbox"/> SQ				
		Single dose PO opioid:				

**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
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