Sickle Cell Pain Algorithm
Moderate/Severe (Pain ≥ 5)

Use Excel Spreadsheet for all dose calculations
See Reverse for MILD pain

1) Assess Pain
   ≤ 20 min

2) Give 2 doses IN Fentanyl*
   - Doses 5 min apart
   - Begin IV placement and order
     1st dose IV opioid now

   ASAP

3) Give 1st dose IV opiate immediately
   ≤ 20 min

4) Reassess Pain

5) If pain < 7: Give 2nd dose IV opiate and wait to order PCA**
   ≤ 20 min

6) Reassess Pain

7) If pain < 5: FIRST give 1 dose short-acting PO med
   THEN call Pedi Heme
   ≤ 30 min

8) Give 1 dose long-acting PO pain med only if patient has taken before
   ≤ 60 min

9) Print “Sickle Cell Pain Home Management” discharge instructions

5) If pain ≥ 7: Give 2nd dose IV opiate and order PCA** now
   - Start admission process
   - Order Toradol
   - Request inpatient bed
   ≤ 30 min

6) Call Pedi Heme
   - Initiate PCA**
   - Continue IV dosing until PCA is ready
   ≤ 30 min

7) If pain ≥ 5: FIRST order PCA**
   - Order Toradol
   - Request inpatient bed
   - THEN Call Pedi Heme
   - Continue IV dosing until PCA is ready
   ≤ 30 min

8) Initiate PCA**

For children ≤ 35kg
- **Wait** to place IV
- Reassess pain after IN fentanyl
- If pain < 5: Consider PO trial
- If pain ≥ 5: Begin IV placement

* No IN Fentanyl for pts < 10 kg
** No PCA for pts < 7 years old
Order basal rate + IV prn dosing

Help us learn! Reason(s) for delay:
______________________________
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Updated 5/8/13
Sickle Cell Pain Algorithm
Mild (Pain < 5)
Use Excel Spreadsheet for all dose calculations
See Reverse for Moderate/Severe Pain

1) Assess Pain

2) Give 2 doses IN Fentanyl*
   - Doses 5 min apart
   ASAP
   ≤ 20 min

3) Reassess pain and give 1st
dose short-acting PO pain
   med
   ≤ 30 min

4) Reassess pain and give
   next appropriate dose
   Immediately

5) If pain ≥ 5: Consider IV
dosing. See Moderate/Severe
   Pain guidelines, Step #3

5) If pain <5: FIRST Give 2nd
dose short-acting PO pain med,
   THEN Call Pedi Heme
   ≤ 30 min

6) Give 1 dose long-acting PO
   pain med only if patient has
   taken before
   ≤ 60 min

7) Print “Sickle Cell Pain Home
   Management” discharge
   instructions

* No IN Fentanyl for pts < 10 kg

Help us learn! Reason(s) for delay:
_____________________________________________
_____________________________________________
_____________________________________________

Date _____________  Time _____________  Pain _____________
INF #1 Time _______
INF Refused? Yes No
Time _____________  Pain _____________
Time _____________  Pain _____________

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