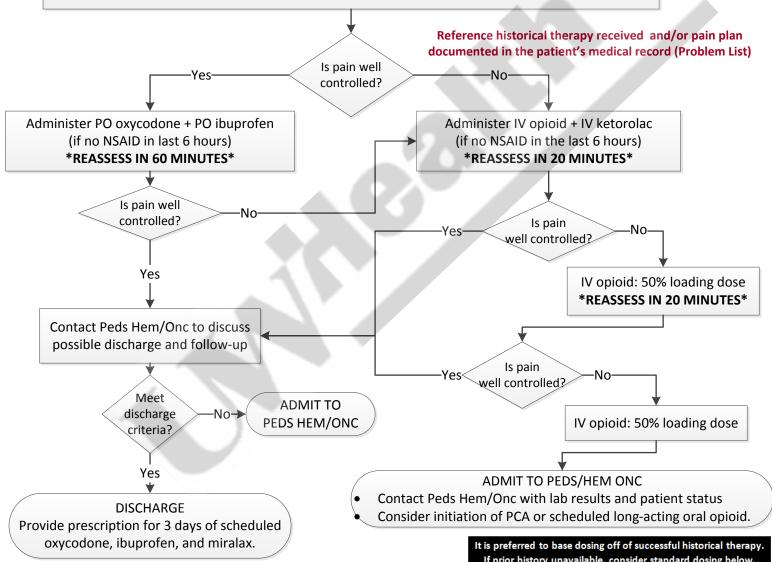
Sickle Cell Disease Acute Evaluation and Management - Pediatric - Emergency Department - Pain Suspected to be a Vaso-Occlusive Event Algorithm



Patient Population: HbSS, SC, Sβ⁰-thalassemia

Patient Presentation

- Perform cardiorespiratory monitoring, pulse oximetry, and pain screen/assessment
- Administer O₂ if O₂ saturation < 95%
- Administer IN fentanyl 1.5 mcg/kg (max 100 mcg/dose) ASAP (until IV access established)
- Obtain initial labs: CBC with differential, reticulocyte count, Type and Screen
- Give normal saline bolus 20 mL/kg (max 1 L) as indicated
- Consider 2 view chest x-ray if tachypneic, chest pain, shortness of breath and/or rales
- If fever, obtain blood culture and refer to <u>Evaluation and Initial Management of Children with Sickle Cell</u>
 Disease and Fever Pediatric Emergency Dept. Algorithm



Discharge Considerations

- Pain well-controlled
- Tolerating PO liquids
- Absence of other acute SCD complications

References:

3. Fein DM, Avner JR, Scharbach K, Manwani D, Khine H. Intranasal fentanyl for initial treatment of vaso-occlusive crisis in sickle cell

If prior history unavailable, consider standard dosing below. NSAID **Loading Dose** Ibuprofen PO 10 mg/kg/dose (max 600 mg/dose) Ketorolac IV 0.5 mg/kg/dose (max 30 mg/dose) Opioid Loading Dose 1 mcg/kg (max 100 mcg/dose) Fentanyl IV Morphine IV 0.1-0.15 mg/kg/dose (max 10 mg/dose) 0.02-0.03 mg/kg/dose (max 2 mg/dose) Hydromorphone IV Oxycodone PO 0.1-0.2 mg/kg (max 10 mg for initial dose)

^{1.} National Heart L, and Blood Institute. Evidence-based Management of Sickle Cell Disease. Expert Panel Report: U.S. Department of Health and Human Services National Institutes of Health: 2014:32-38.

^{2.} Rees DC, Olujohungbe AD, Parker NE, et al. Guidelines for the management of the acute painful crisis in sickle cell disease. Br J Haematol. 2003;120(5):744-752.