Sickle Cell Guidelines

Fluids

- If patient is hypovolemic on admission, hydrate with Normal Saline @ 300 - 500 mls/hr until patient is euvolemic.
- If patient is euvolemic on admission or becomes euvolemic after hydration, hydrate with D5W1/2NS at 75-125 ml/hr continuously.

Laboratory/Radiology

All patients on admission should have the following parameters obtained:

- CBC with diff and reticulocyte count, basic metabolic and hepatic panels.
- Women: urine beta-HCG
- Blood cultures, urinalysis with culture if needed
- Chest X-ray if not done in ED

Transfusions

- Transfuse PRBC's if the Hgb drops >3 g below baseline.
- Transfuse PRBC's for symptomatic anemia i.e. shortness of breath, dyspnea on exertion or orthostasis. Sickle Cell Crisis is NOT a symptom of anemia.

Pain Medications

- All narcotic bolus doses should be given as IVPB
- If there is no IV access, analgesics may be given IM or SQ.
- If the patient is on chronic long acting narcotics, continue the same.
- For initial pain relief give Morphine 5 - 10 mg IV and repeat every 1 hr prn pain until pain improves or Dilaudid 1 – 2 mg IV and repeat every 2 hr prn pain until pain improves.
- When patient has obtained adequate pain relief with bolus narcotics within the first 2 hours of admission begin PCA with morphine at 1 - 2 mg demand or dilaudid at 0.2 – 0.4 mg demand with a 6 min lock out.
- If the patient is not on chronic long acting narcotics consider adding a basal rate per hour of 4 times the demand dose.
- Breakthrough pain medications to be given equivalent to a 1 hour demand if needed. Give one time doses. If frequent breakthrough doses needed, increase PCA demand dose.
- If no contraindications to NSAID such as renal dysfunction, GI bleed, PUD or GERD may add ketorolac 30 mg IV every 6 hrs x a maximum of 5 day.
- Re-assess frequently. Increase PCA doses by 25% if needed.

MD Signature: ____________________Printed Name: ____________________Beeper:________
Date order written___________________

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Respiratory

- Incentive spirometry at bedside
- Routine use of supplemental oxygen is not recommended unless oxygen saturation <90%.

Ancillary Medications

- Tylenol for fever >38 C.
- For itching: diphenhydramine 25-50 mg po every 4-6 hrs or hydroxyzine 25-50 mg every 6 hours.
- Antibiotics, other home meds as needed as needed.

Chronic Care

- Ferritin concentration if not drawn in the previous 12 months
- Echocardiogram if not done in the previous 24 months
- Pneumococcal, meningococcal and influenza vaccinations if not previously given
- Pulmonary Hypertension consult if needed.

Special Situations

- Acute chest syndrome presenting as new infiltrates, hypoxia, and chest pain may require exchange transfusion and a transfusion medicine consult should be obtained. For mild symptoms PRBC's should be given.

MD Signature: ____________________Printed Name: ____________________Beeper:________
Date order written__________________

Developed April 2, 2008