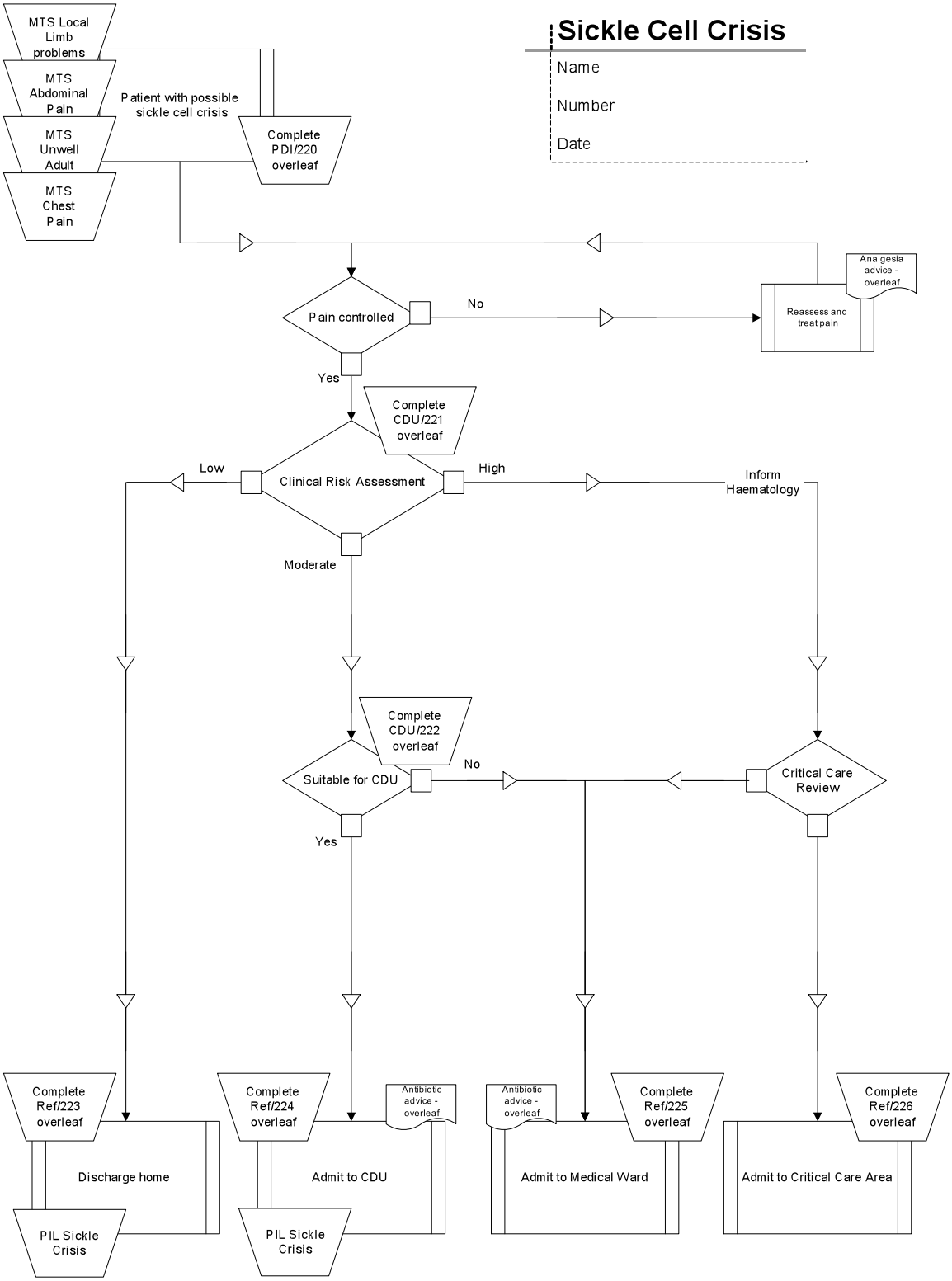
Sickle Cell Crisis

Name

Number

Date



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PDI/220: SUITABILITY FOR PROTOCOL DRIVEN INVESTIGATION (ALL YES)

Known sickle disease	Yes	No
Not shocked	Yes	No

Order: T, P, BP, R, S_aO_2, FBC and take blood for reticulocytes (this may be required later)

ANALGESIA ADVICE: use individual pain care plan if available (on memory stick / CD)

General approach:
Pain relief should be given within 30 min of arrival and the patient should be pain free within 60 min. Pain scores:

0 1_____3 4_____6 7_____10
paracetamol, ibuprofen paracetamol, ibuprofen codeine iv or sc morphine

iv Morphine bolus: *Do not delay analgesia if iv access is difficult. Administer sc immediately*
10 mg morphine should be mixed to a total volume of 10 ml with saline (1 mg/ml). 2 mg should be given every 3 min titrated to effect. Reassess at 20 min. If pain score > 5 then repeat 50 – 100% of the original dose given. Continue to reassess and readminister every 20 min until pain controlled. Respiratory rate and degree of sedation should be closely monitored. When pain controlled then commence PCA regimen. If PCA delayed repeat bolus every 2-4 h.

sc Morphine bolus:
Morphine should be used at original strength (10 mg/ml). 2 mg should be given every 3 min titrated to effect. Reassess at 20 min. If pain score > 5 then repeat 50 – 100% of the original dose given. Continue to reassess and readminister every 20 min until pain controlled. Respiratory rate and degree of sedation should be closely monitored. When pain controlled then commence PCA regimen. If PCA delayed repeat bolus every 2-4 h.

Patients with true opiate allergy:
This is the only indication for pethidine which has metabolites that can cause fits and other CNS symptoms. 100 mg Pethidine should be mixed to a total volume of 10 ml with saline (10mg/ml). 20 mg (2ml) should be given iv every 3 min titrated to effect.

CDU/221: CLINICAL RISK ASSESSMENT

	High	Mod	Low
Anaemia (Hb < 5g/dl or fall in baseline > 3g/dl)			
Respiratory failure (SaO_2 < 92% on air)			
Neurological signs or symptoms			
Drowsiness or reduced conscious level			
Priapism			
Tachypnoea			
Pyrexia (T > 38 C)			
Headache			
Chest pain			
Abdominal pain / hepatosplenomegally			
Persistent pain			
None of the above			

High if any **H,** Moderate if no **H** and any **M,** Low if no **H** or **M.** If H or M then order CXR, MSU, and ask for reticulocytes to be measured on previous sample

ANTIBIOTIC ADVICE

General approach:
Temp < 38 C: Amoxycillin 500 mg po tds (Erythromycin 500 mg qds if penicillin allergic)
Temp > 38 C: Cefuroxime 750 mg iv tds. Add Clarithromycin 250 mg po bd if chest signs or symptoms

CDU/222: SUITABLE FOR CDU (ANY YES)

Persistent pain is the only symptom	Yes	No

Ref/223: Suitable for discharge	
Ref/224: Suitable for CDU admission	
Ref/225: Suitable for Acute Medicine admission	
Ref/226: Suitable for Critical Care admission	