

Sickle Cell Disease (SCD) Pain Crisis Pathway

Disclaimer: This clinical pathway is provided as a general guideline for use by Licensed Independent Provider's (LIP) in planning care and treatment of patients. It is not intended to be and does not establish a standard of care. Each patient's care is individualized according to specific needs.

Purpose Statement

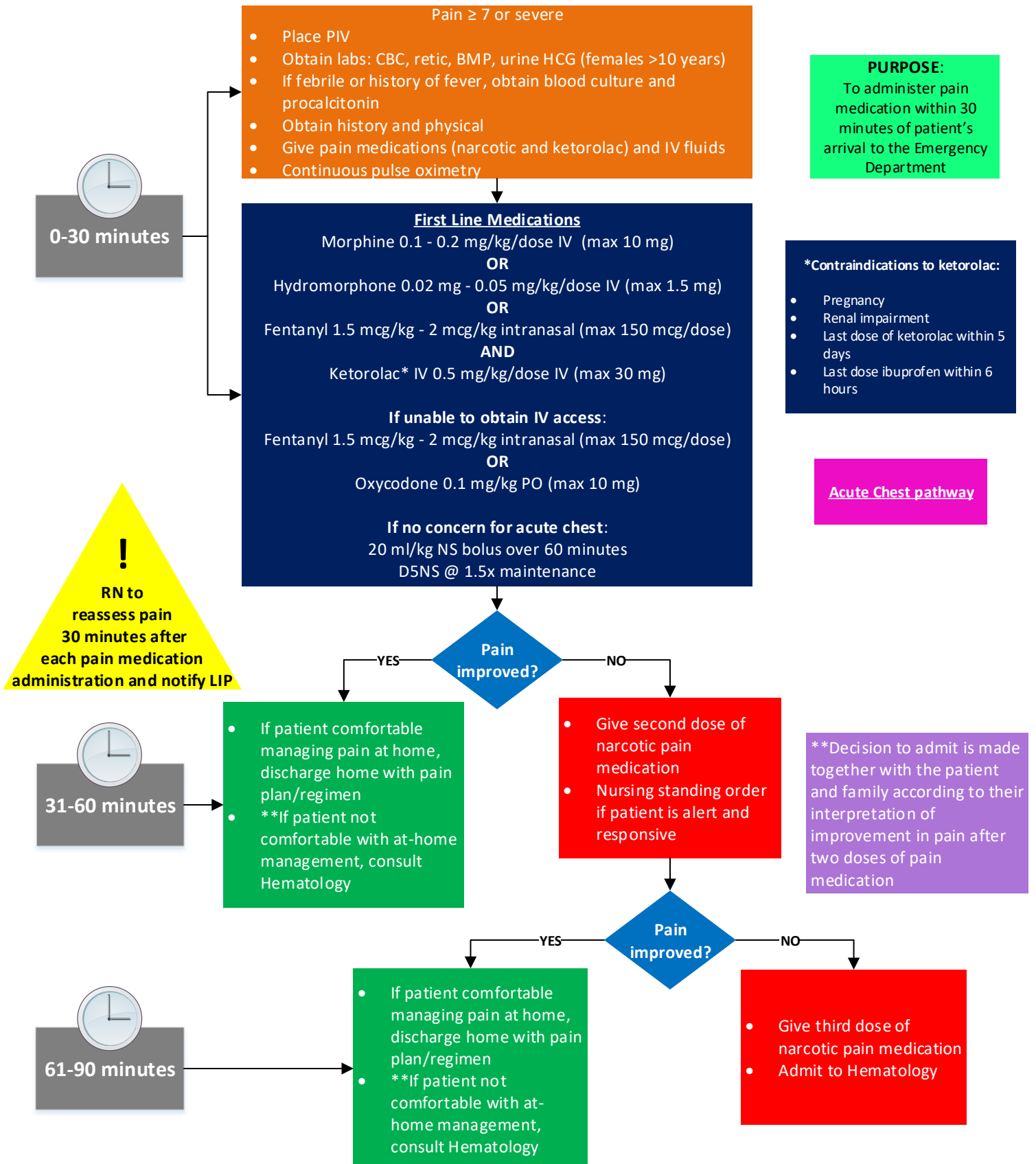
To standardize the care of patients who present to Arkansas Children's with Sickle Cell Disease-pain crisis.

Goal

To reduce the amount of time from patient presentation to our facility to the time the patient receives pain medication to 30 minutes or less.

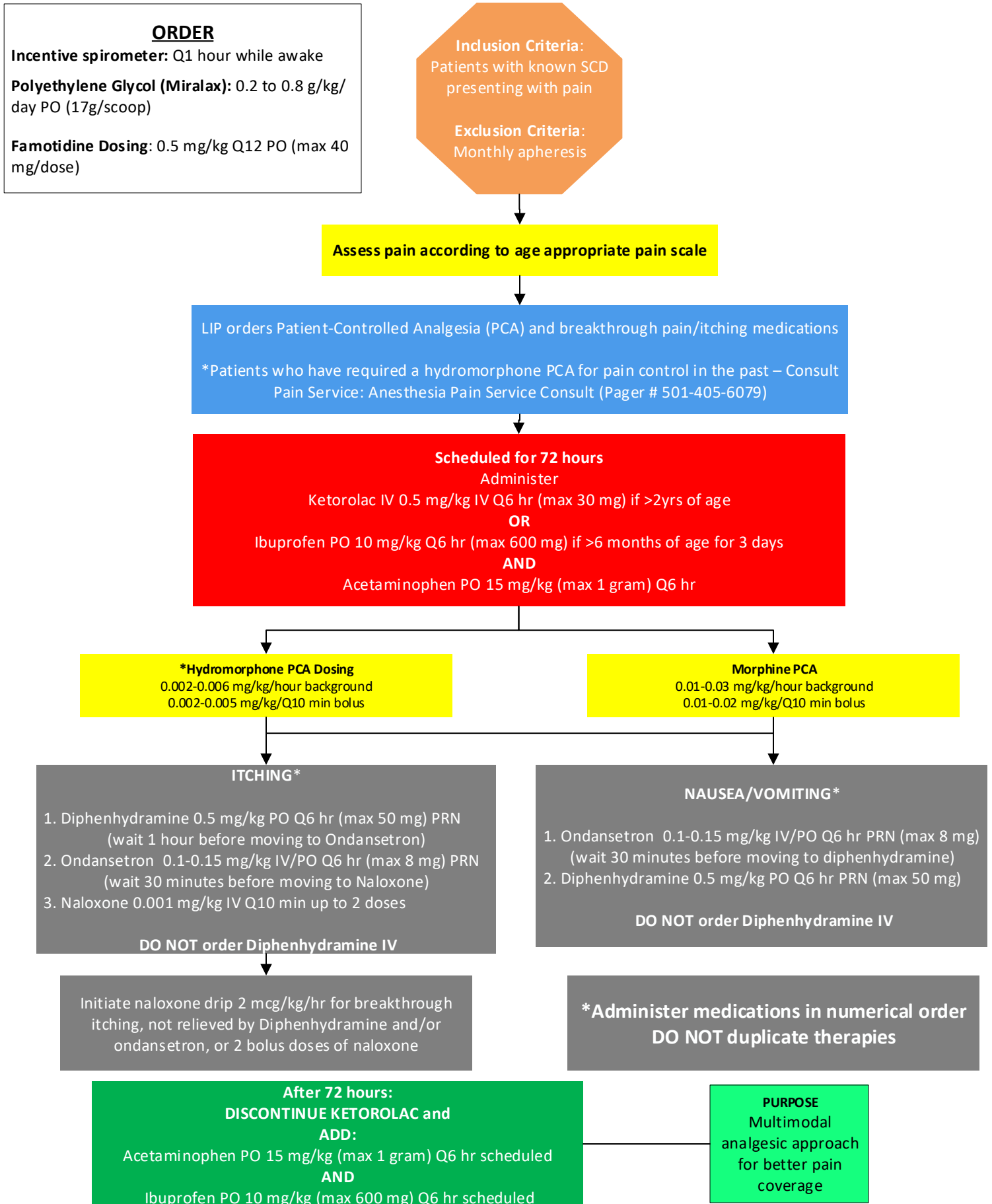
Sickle Cell Disease (SCD) Pain Crisis Pathway Emergency Department Phase

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Sickle Cell Disease (SCD) Pain Crisis Pathway Inpatient Phase

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Metrics

1. Pathway and order set utilization
2. Time to first pain medication in the ED (ketorolac, morphine, fentanyl, oxycodone, hydromorphone)
3. Time between first and second dose of pain medications in the ED (ketorolac, morphine, fentanyl, oxycodone, hydromorphone)
3. Rate of hospitalization
4. Length of stay

Contributing Members



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Dr. Melissa White – Emergency Medicine
Dr. David Spiro – Emergency Medicine
Dr. Shelley Crary – Hematology/Oncology
Dr. Suzanne Saccente – Hematology/Oncology
Dr. Anita Akbar Ali - Anesthesiology
Emily Rader, RN – Clinical Effectiveness & Outcomes

References

1. Fosdal MB, Wojner-Alexandrov, AW. Events of hospitalization among children with sickle cell disease. J Pediatr Nurs. 2007 Aug;22(4):342-6.

2. Field JJ, Knight-Perry JE, Debaun, MR. Acute pain in children and adults with sickle cell disease: management in the absence of evidence-based guidelines. Curr Opin Hematol. 2009 May;16(3):173-8.

3. Treadwell MJ, Bell M, Leibovich SA, Barreda F, Marsh A, Gildengorin G, Morris CR. A Quality Improvement Initiative to Improve Emergency Department Care for Pediatric Patients with Sickle Cell Disease J Clin Outcomes Manag. 2014 Feb; 21(2): 62–70.