

Sickle Cell Pain Management (Inpatient) Pathway

Evidence-Based Outcomes Center

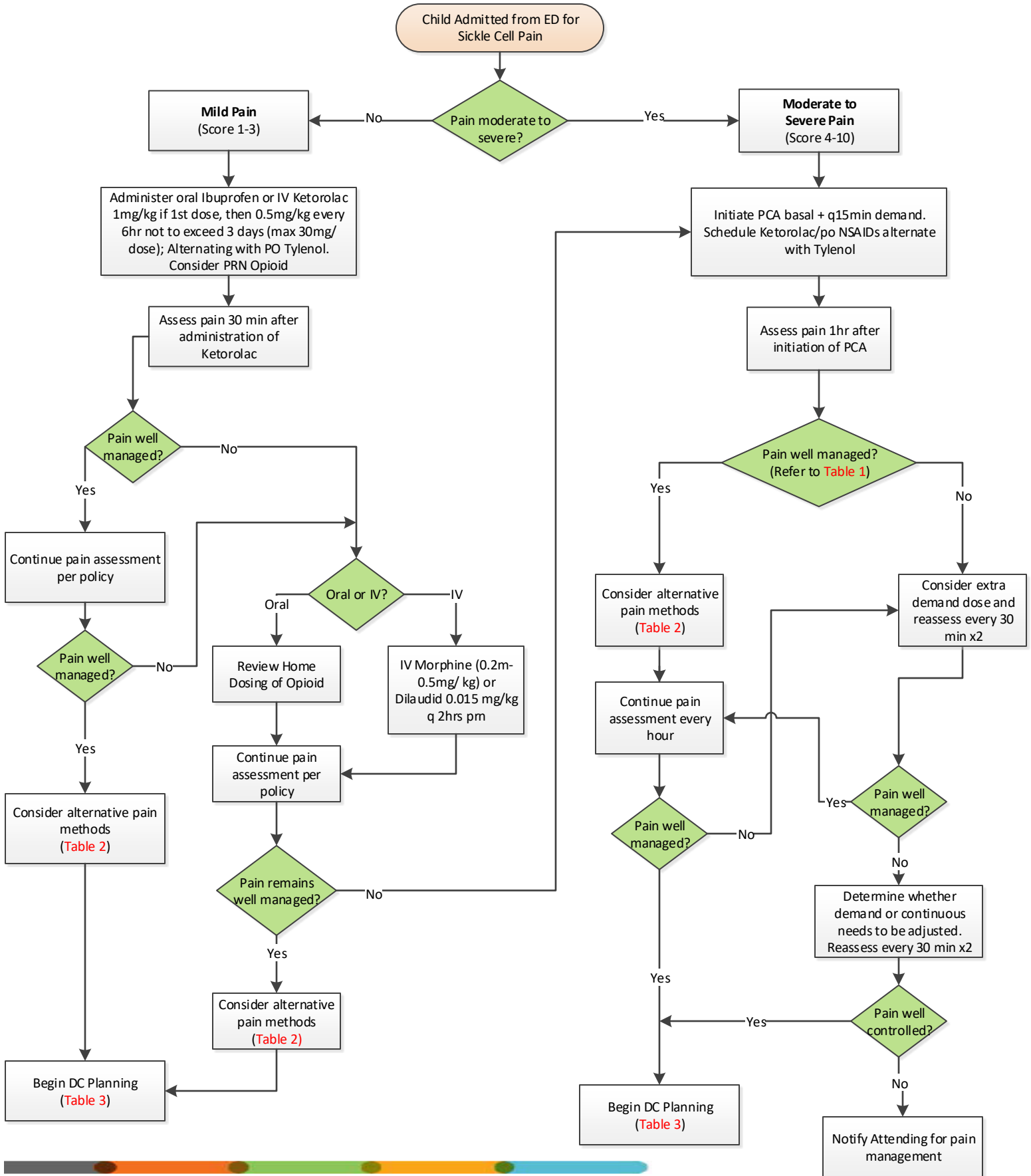


Table 1

Pain – Questions to ask to Evaluate PCA Effectiveness:

- *Is the demand dose helping?*
 - Yes, but it makes me fall asleep every time, but doesn't last the full 15/20 minutes
→Consider decreasing the bolus dose and interval
 - Yes, but it doesn't last the full 10/15/20 minutes
→Consider decreasing the dosing interval
 - No, I don't feel it at all
→Consider increasing the demand dose
- *Do you feel your pain has improved since starting the PCA?*
 - Yes, a little bit, but I'm still hitting my button a lot
→Consider increasing the continuous +/- demand (depending on demand answers above)
 - Yes, it's helping a lot
→Continue as is!
 - No, I'm still a 10/10
→Consider increasing both the continuous and demand (as demand questions above as well)

Table 2

Alternative/Adjuvant Pain Management to consider:

- TENS unit (PT consult)
- Lidocaine patch
- Virtual Reality (Social Work)
- Psychology/Psychiatry consult?
- Simple/Exchange Transfusion
- Prolonged NSAID use
- For those NOT on a PCA, consider PCA with demand only to give some control of their pain management

Table 3

Discharge Planning

- Start Methadone/wean PCA
- Consult Case management 48 hours prior to discharge in case prior authorization/home health needed
- Provider should send prescriptions to DCOP/home pharmacy 48 hours prior to discharge
- Social work- school plan

Approved by the Pediatric Evidence-Based Outcomes Center Team

Revision History

Original Date Approved: May 20, 2019

Revision Dates: **April 2023** - Addition of Pain Management Algorithm for Patients With Sickle Cell Disease in Vaso-Occlusive Crisis

Emergency Department/Outpatient Hematology Clinic

Next Review Date: May 2027

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Recommendations

Practice recommendations were directed by the existing evidence and consensus amongst the content experts. Patient and family preferences were included when possible.

Approval Process

EBOC guidelines are reviewed by DCMC content experts, the EBOC committee, and are subject to a hospital wide review prior to implementation. Recommendations are reviewed and adjusted based on local expertise.