SYMPTOMS: Patient with known sickle cell disease having a pain crisis.

Assessment, Treatment and Interventions

ALL LEVELS

1. Assess and manage the airway per Airway Management Guideline [RP-1].
2. Primary survey. Identify potential life-threatening causes of pain including complications from a sickle cell disease.
3. Obtain vital signs including pulse, respiratory rate, and blood pressure.
4. Keep patient warm and dry.

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5. Obtain and monitor vital signs including SpO_2.
6. Administer oxygen as appropriate to maintain a SpO_2 of greater than 93% saturation.
7. Assess for potentially serious complications other than pain crisis which may include:
    a. Acute chest syndrome
        i. Hypoxia
        ii. Chest pain
        iii. Fever
    b. Stroke (See Stroke/TIA guideline [M-15])
    c. Meningitis
        i. Headache
        ii. Altered mental status
        iii. Fever
    d. Septic arthritis
        i. Severe pain in or unable to move a single joint
        ii. Fever
    e. Splenic sequestration crisis (Large portion of blood trapped within the spleen; usually young pediatric patient)
        i. Abdominal pain
        ii. Splenic enlargement (examine carefully)
        iii. Hypotension, tachycardia, hypovolemic shock
8. Assess for signs of shock; if present treat per Shock Guideline [M-13].
9. Manage pain per Pain Management guideline [M-11].
10. Transport in a position of comfort unless clinical condition requires otherwise.
11. Reassess vital signs and patient response to interventions throughout transport.

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12. Obtain vascular access as necessary to administer analgesia and fluid resuscitation.
13. Administer normal saline bolus up to 10ml/kg up to 1L.
14. Provide analgesia per the Pain Management guideline [M-11].