**SICKLE CELL PAIN CRISIS HOSPITAL ORDERS**

**LOCATION:**

______________________________________________________________________________

**RESPONSIBLE SERVICE/PHYSICIANS:**

____________________________________________________

**CONDITION:**

☐ stable  ☐ guarded  ☐ severe  ☐ critical

**VITALS:** Every 4 hours x 2, then routine. Notify MD if temperature greater than 100.4 F.

**ACTIVITY:** Encourage ambulation.

Patients receiving analgesia by PCA pump are restricted from leaving the nursing unit.

**NUTRITION:** Regular diet. Please consult unit dietitian to review selections.

**NURSING ORDERS:**

Peripheral IV x 1 with routine maintenance

If patient has central venous access, routine central line care.

Monitor I & Os.

Monitor pain level and record at least once per shift on MR90PM (Pain Management flow sheet)

Assist patient to use heating pad to painful sites.

**DIAGNOSTIC ORDERS:**

**Day 1 (if not done in ED or Clinic)**

CBC, CMP, Reticulocyte count, LDH, Direct/indirect bilirubin, Serum pregnancy test in females.

Blood cultures X 2 from different peripheral sites (if patient has a central line, one blood culture should be drawn from this site and one culture from peripheral site), and Urinalysis and urine culture.

Chest x-ray: PA and lateral reason: “sickle cell pain crisis”. Portable CXR if on PCA pump.

**Day 2 a.m. lab:**

CBC, E-Group, BUN, Creatinine

**Respiratory:**

O2 saturation on arrival to floor.

Initiate incentive spirometry.

If O2 saturation is less than 92%, consult Respiratory Therapy to initiate O2 per protocol to keep saturation greater than 92% and notify MD.

______________________________________________________________________________

Physician Signature

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Outpatient Medication: - write “Hold” if medication is not to be given

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. | 18. |

New medication for this admission:

- **IVF:** D5 1/2 NS @ 125 ml/hour.
- Hold hydroxyurea.
- □ Folic Acid 1 mg PO daily.
- □ Prochlorperazine 25 mg suppository every 12 hours PRN nausea/vomiting **or**
- □ Prochlorperazine 10 mg PO every 6 hours PRN nausea.
- □ Prochlorperazine 10 mg IV every 6 hours PRN vomiting.
- □ Diphenhydramine 25 mg PO/IV every 4 hours PRN itching. Use IV only if NPO or having nausea/vomiting.

**PAIN MEDICATIONS:** *Initially, consider using patient’s regular long-acting pain medication at usual dose and interval to serve as basal medication.* Use PCA dose for breakthrough (short-acting) pain relief.

- **NO MEPERIDINE.**
  - **Initial bolus.**
    - Morphine sulfate 5 mg IV, repeat every 20 minutes up to 3 doses to achieve pain relief
    **OR** if true morphine allergy give ____________________________________________________________
  - Ketorolac 30 mg IV/IM every 8 hours for pain. Maximum of 90 mg/day. Maximum duration is 5 days.
    (Check creatinine on day 1 and day 3 if starting Ketorolac. **DO NOT** administer if creatinine is > 1.0).

Continue scheduled and prn home oral pain medication regimen.

- **Scheduled:** _____________________________________________________________________________________
- **PRN:** _________________________________________________________________________________________

- □ Comfort meds per SWMH protocol

See appended orders: □ DVT Prophylaxis □ PCA □ IV Heparin

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Date: ___________ / ___________ / ___________
Time: ___________

Physician Last Name (Print) ____________________________
Pager: ____________________________
Physician Signature: ____________________________

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