

**PHYSICIAN'S ORDERS  
SICKLE CELL PAIN MANAGEMENT  
IN EMERGENCY DEPARTMENT (Adult)**

Weight \_\_\_\_\_ (kg)

**REFER TO THE ALLERGY SCREEN IN MEDITECH FOR ALLERGY INFORMATION**

**To complete the order form, fill in the required blanks and/or check the appropriate boxes.  
To delete orders, draw one line through the item and initial.**

**Labwork and Imaging:**

Enter sickle cell diagnosis on all labwork requisitions

CBC including differential **STAT**

Lytes, creat, urea, BS  LFT

Lactate

Blood culture **STAT** (if fever or other signs and symptoms of infection)

Group and Reserve **OR**  Crossmatch \_\_\_\_\_ units

Other \_\_\_\_\_

Chest x-ray - PA/lateral (if chest pain or respiratory symptoms)

CT head [if neurological symptoms (i.e. numbness in limb, acute headache, seizure)]

**Treatment:**

Normal saline IV bolus \_\_\_\_\_ mL, then Normal saline at \_\_\_\_\_ mL/h

O2 protocol

VS and pain score q1h x 4, then q4h minimum, accurate intake and output

neurological VS q1h x 4 then q4h minimum

**Pain Management:** (Suggested dosing for narcotics is for adults greater than 50 kg, without renal/hepatic impairment)

**IV access available:**

Morphine \_\_\_\_\_ mg (4-10 mg) IV q15min to a maximum of 3 doses

Then Morphine \_\_\_\_\_ mg (4-10 mg) IV q3h

Morphine \_\_\_\_\_ mg (2-4 mg) IV q1h prn for breakthrough pain

**OR**

Hydromorphone (Dilaudid) \_\_\_\_\_ mg (1-2 mg) IV q15min to a maximum of 3 doses

Then Hydromorphone \_\_\_\_\_ mg (1-2 mg) IV q3h

Hydromorphone \_\_\_\_\_ mg (0.5 - 1 mg) IV q1h prn for breakthrough pain

If pain remains greater than 4 out of 10 on pain scale, 2 hours post initial pain medication start continuous pain management as ordered on PPO "Physician's Orders Morphine OR Hydromorphone IV Infusion via Volumetric Pump (Adult)"

**(Separate PPO must be completed). If order not completed, notify MRP.**

**If IV access not obtainable:**

Morphine \_\_\_\_\_ mg (4-10 mg) SC q3h

Morphine \_\_\_\_\_ mg (2-4 mg) SC q1h prn for breakthrough pain

**OR**

Hydromorphone (Dilaudid) \_\_\_\_\_ mg (1-2 mg) SC q3h

Hydromorphone \_\_\_\_\_ mg (0.5 - 1 mg) SC q1h prn for breakthrough pain

If pain remains greater than 4 out of 10 on pain scale 2 hours post initial pain medication, notify MRP

**Adjuvant Medications:**

Ibuprofen 600 mg po q6h prn for pain

Ketorolac 30 mg IV q6h prn if unable to take ibuprofen po (maximum dose 120 mg/24h)

Dimenhydrinate 25-50 mg IV/IM/po q4h prn for nausea

Prochlorperazine 10 mg IV/po q4h prn for nausea

Diphenhydramine 25-50 mg IV/IM/po q6h prn for itchiness

Acetaminophen 650 mg po q4h prn for fever

Other: \_\_\_\_\_

**Antibiotics:** (Recommendations - If febrile initiate antibiotic(s), include macrolide until source known)

**Consults:**

Internal medicine  CCAC  Other

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**MD SIGNATURE** \_\_\_\_\_

