WITHIN 30 MINUTES IN THE ED TRIAGE AS ESI 2 PER NIH & AHRQ

STOP pain. Administer IV opioids within 30 mins of triage. Account for tolerance. Assess and re-dose in 30 mins. Pain = vaso-occlusion = tissue anoxia and damage = EMERGENCY

ASSESS for other complications (i.e., hypoxia, worsening anemia, etc.) Assess for dehydration.

Fever requires investigation for adults and peds due to higher risk of sepsis. Temps >101.5 in children require IV antibiotics within 1 hour.

EXECUTE the guidelines. Labs screen for underlying complications. They do not rule out a pain crisis!

REDUCE morbidity. Discuss post-discharge pain and care management options.

SickleCell911.org

I’m experiencing a sickle cell emergency requiring immediate, specialized treatment. I’ve been encouraged to share this card to help support you in my care.

Name ________________________
SCD Type ________________________
Baseline Hemoglobin______________
Physician ________________________
Dr.’s Phone ________________________

ACCESS TREATMENT ALGORITHMS: SickleCell911.org

EXPERT GUIDANCE FOR:
- vaso-occlusive crises/pain episodes
- fever
- acute complications
- administering opioids
- primary care

Sickle Cell Disease Association of America - MI in partnership with the Emergency Department Sickle Cell Care Coalition