



Sickle Cell Crisis

History

- Past medical history
- Medications
- Recent illness
- Prior pain crisis location
- Pain regimen at home

Signs and Symptoms

- Pain
- One sided paralysis / weakness
- Difficulty walking / speaking
- Sudden vision changes
- Unexplained numbness
- Severe headache
- Fever
- SOB
- Chest Pain
- Abdominal Pain
- Pallor

Differential

- Sickle Celle Pain Crisis
- Aplastic Crisis
- Acute Chest Syndrome
- Alcohol / drug use
- Toxic ingestion
- Seizure
- Stroke
- Altered baseline mental status
- Sepsis
- Pneumonia

Apply Hot Packs to affected areas: especially joints and areas of increased pain

Provide emotional support
Calm and continual reassurance

B	Blood Glucose Analysis as needed Assess Pain Severity 12 Lead ECG Procedure
	IV or IO Access Protocol UP 6
P	Cardiac Monitor
	Altered Mental Status Protocol UP 4 if indicated
	Manage Airway as appropriate Protocol AR 1 & AR 5 if indicated
	Suspected Stroke Protocol UP 14 if indicated
	Suspected Seizure Protocol UP 13 if indicated
	Hypotension/ Shock Protocol AM 5 & PM 3 if indicated

Fluids indicated if signs of shock or hypotensive

Sickle Cell Crisis
- Acute Chest Syndrome
- Abdominal Crisis
- Joint Crisis

YES

Pain Control
Protocol UP 11

Notify Destination or Contact Medical Control



Sickle Cell Crisis

PEARLS

Patterns of an acute sickle cell crisis are now recognizable. They are based on the part of the body where the crisis occurs.

Is this their typical pain crisis? If not, what is different about it?

Any fever, SOB, pleuritic chest pain?

Acute chest syndrome:

Sudden acute chest pain with coughing up of blood can occur. Low-grade fevers can be present. The person is usually short of breath. If a cough is present, it often

is nonproductive. Acute chest syndrome is common in a young person with sickle cell disease.

Chronic (long-term) sickle cell lung disease develops over time because the acute and subacute lung crisis leads to scarred lungs as well as other problems.

Abdominal crisis:

The pain associated with the abdominal crisis of sickle cell disease is constant and sudden. It becomes unrelenting. The pain may or may not be localized to any one area of the abdomen. Nausea, vomiting, and diarrhea may or may not occur.

Joint crisis:

Acute and painful joint crisis may develop without a significant traumatic history. Its focus is either in a single joint or in multiple joints. Often the connecting bony parts of the joint are painful. Range of motion is often restricted because of the pain. Avascular necrosis of the hips can occur, causing permanent damage.

Stroke:

Many sickle cell patients can present with strokes at a younger age than average. Ensure hospital pre-notification indicating it is a sickle cell patient as the standard of care for a Sickle Cell Stroke can involve exchange therapy as opposed to other treatments such as tPA.