Pain Management in Patients with Sickle Cell Disease

Developed by the NC Division of Public Health; the comprehensive sickle cell centers at Carolinas Health Care, Duke University, East Carolina University, University of North Carolina at Chapel Hill, Mission, and Wake Forest University; Endorsed by (SC)².

Patient presents with pain

Acute Pain/Vaso-occlusive Crisis

S/Sxs of other complications (e.g., aplastic crisis, priapism, neurological event, sepsis, fever, pulmonary, abdominal, or orthopedic event)?

Yes

Transfer to ED

No

Assure they are following their home pain plan. Keep warm. Fluids. Ibuprofen/Tylenol.

Pain improved with home plan?

Yes

Close follow up

No

Refer to pain management specialist, sickle cell provider, ortho (for AVN/ortho complications), behavioral health, as indicated.

Chronic Pain

Major causes – Avascular necrosis of hips/shoulders, leg ulcers, chronic bony pain, priapism, neuropathic pain/hyperaesthesia.

Check CSRS, Provider Portal for medication history. Check for Pain Management Agreement. Best if there is one provider prescribing. Risk of estrogenization/delayed puberty in males, if on chronic narcotics. Risk of prolonged QTc if on methadone.