

*I am currently experiencing a painful crisis and require strong analgesia. Please see my care plan below and please inform the local haematology team.*

TREAT AS A MEDICAL EMERGENCY

**Seek urgent haematology advice if unwell or any concerning symptoms e.g., hypoxia, other respiratory signs or symptoms, neurological symptoms/drowsiness, priapism, sepsis**

* Analgesia MUST be given within 30 minutes (NICE CG143)
* IV morphine bolus - 10mg in 10ml saline; gives slowly e.g., 2mg every 2 minutes as required, titrated to effect
* Sedation score must be carefully monitored during opiate administration as per local policy
* Use subcutaneous route if unable to get prompt IV access – **do not cannulate legs/feet.**
* Reassess and re-administer further boluses at 20 minutes intervals until pain controlled, monitor observation and sedation score.
* Adjunctive paracetamol and ibuprofen if not already had in last 4 hours and no contraindications.
* Once severe pain controlled and if multiple boluses required commence PCA.
* If PCA not available, consider oral alternative such as oxycodone and oxycontin but seek specialist advice.
* Consider other causes of pain if atypical.

**Medical Assessment**

* Full history and examination
* Initial bloods – FBC, reticulocytes, biochemistry, CRP, group and antibody screen.
* Check oxygen saturations on room air – if <94% or lower than steady state check patient is not hyperventilating due to pain or having respiratory depression due to opiates.
* If hypoxic - urgent medical review including arterial blood gas on room air, supplementary oxygen and inform haematology urgently.
* If temp >38 and no apparent source – blood cultures and commence antibiotics as per local Trust policy.
* Supplementary fluids if not drinking 3 litres in 24 hours.
* \*Transfusion is only required in specific circumstances and must not be given without discussion with haematology\*
* Adjuvant medication for patients being admitted - IV/PO paracetamol 1g tds, ibuprofen 400mg tds, chlorphenamine 4mg PO tds prn, cyclizine PO/IM 50mg tds prn.

**Hospital Haemoglobinopathy Team Contacts**

* Haematology SpR - *insert contact here*
* SCD Nurse Specialist – *insert contact here*
* Consultant Haematologist – *insert* *contact here*