

Adapted from Leeds Children's Hospital Guidelines for use at CHT

Paediatric colleagues should refer to the full [LTHT guideline](#) which also discusses appropriate fluid management amongst other considerations in more detail.

Paediatric ED Sickle Cell Acute Pain Pathway

Patient presents with **moderate to severe pain** to PED

- Check max oral analgesia given at home & apply Ametop at triage
- Proceed to intranasal **Fentanyl** without delay (target is 15 mins)
- See full [Sickle Cell Crisis guideline](#) on LHP for important symptoms and signs to assess in Sickle cell Crisis.
- BLEEP PAEDS ON-CALL
- At HRI commence **SORTT tool** in parallel

Exclusions to IN Fentanyl:

Blocked nose
Looks unwell
Respiratory depression
Altered consciousness
<2 yrs

T = 0	Intranasal FENTANYL 1.5microgram/kg (max.75 microgram)
	Without waiting for response provide
	<ul style="list-style-type: none">- PO morphine sulphate immediate release 0.2mg/kg (max. 10mg)- Regular Paracetamol (po 20mg/kg, 6 hrly, max. 4g/day) (if already given at home start 6 hours after last dose given)- Regular Ibuprofen (po 7.5mg/kg, 6 hrly, max 1.6g/day) (if already given at home start 6 hours after last dose given)- Prescribe PRN Ondansetron 0.1mg/kg 8 hourly (PRN) (max 4mg/dose)
T = 15	Second set of obs including an age appropriate PAIN SCORE
T = 30	Third set of obs including an age appropriate PAIN SCORE Unless no/mild pain consider IV access for bloods and IV fluids (especially in those <50kg) - see full guideline

OBSERVATION Requirements

- Weight, HR, SpO2, BP, RR, AVPU
- **Pain Score. - Prior to drug administration**
- Then every 15min for 1 hour and hourly thereafter.
- **Continuous SpO2 monitoring must be used**

Any concerns over signs of reduced consciousness, respiratory depression or parental concern, an ST4+ doctor to be informed and observations to be done every 5 minutes

At one hour following morphine sulphate

Unless pain score none or mild / respiratory depression / significant sedation give 2nd dose **morphine sulphate PO** 0.2mg/kg (max 10mg)

Pain score Improving

4 hourly morphine sulphate PO - 0.2mg/kg (max. dose 10mg)

Plus 2 hourly PRN at same dose

Alternative to oral morphine if severe opioid side effects present (despite treatment of symptoms) and/or pain not controlled:

4 hourly PRN Oral **Oxycodone immediate release** * 0.1mg/kg (max. dose 7.5mg) Plus 2 hourly PRN

If severe pain not improving will need **NCA/PCA**: Please note the suggested background rate will need to be started at 10micrograms/kg/hr