Royal Cornwall Hospitals NHS Trust

Appendix 7. Care of sickle cell anaemia patients 'Fast facts'– Mobile Guideline Summary

Click here for the full guideline:
Care Pathway for Patients Presenting with Acute Sickle Crisis Clinical Guideline

Sickle cell crisis requiring hospital review is an emergency situation.

National guidance recommends that sickle cell anaemia patients are offered analgesia within 30 minutes of arrival to hospital.

All failings in sickle cell care and non-adherence to the guidance are required to be reported by the trust to NHS England.

Please remember the following points when assessing acute admissions with sickle cell related problems.

There is a care pathway clinical guideline for management of adult patients presenting with acute sickle crises. The 'Fast Facts' guideline can be found here: Appendix 6. Care of sickle cell anaemia patients Fast facts (cornwall.nhs.uk)

Paediatric management for acute sickle crisis follows the Bristol paediatric guidelines which can be found at http://nww.avon.nhs.uk/dms/download.aspx?did=20745

Specific points:

- Analgesia for sickle crisis management should be offered asap (and certainly within 30 minutes of arrival in department). This should be documented in the notes.
- Analgesia guidance is contained in the acute sickle crisis clinical guidance.
- Analgesia requirements should be reviewed regularly and with short interval (30-60 minutes initially).
- Assess fluid status and fluid balance with low threshold for commencing iv fluids to prevent dehydration precipitating or provoking ongoing sickling.
- Assess oxygen saturations and give supplementary oxygen if sats <96%. If sats are under 94% there is concern for acute sickle chest crisis. See guideline (as above) for investigations and management. If concern for possible chest crisis ITU should be informed as patients can deteriorate rapidly.
- **All** emergency sickle cell patient attendance to hospital **must** be discussed with haematology on call doctor.
- All elective procedures on sickle cell anaemia patients **must** be discussed with haematology team at time of pre assessment and preferable >1 week prior to procedure.
- Blood transfusions to sickle cell anaemia patients should be discussed with haematology team prior to administration.

Sickle cell anaemia patients should be considered experts in their own conditions.

A copy of the acute care checklist for management of patients presenting with acute sickle crisis is attached on the next page. This is also available within the guideline referred to above.

Royal Cornwall Hospitals NHS Trust

Appendix 8. Care Pathway checklist for adult patients presenting with Acute Sickle Crisis – Mobile Guideline Summary

Opioid naivety: (Is patient prescribed regular opioids at home?) See page 2 for further guidance

Patients normal treating centre is:	
Contact details for normal treating centre:	

THE PATIENT SHOULD BE CONSIDERED AN EXPERT IN THEIR CONDITION

Immediate care checklist

Check whether the patient has a care plan or pain plan → If so, follow it.

(Plans from other hospitals are valid to use in this patient cohort)

All boxes should be ticked or annotated n/a as appropriate	
Establish IV access	
Blood tests: FBC, retics, U and E, LFT, CRP, G+S (2 bottles), blood cultures	
Analgesia (write up and ensure given within 30 mins of arrival)	
Assess fluid balance and record weight. Start fluid balance chart	
IV fluids (only if clinically indicated)	
Oxygen if clinically indicated and guided by SpO2)	
Anticoagulant prophylaxis	
Prescribe supportive meds	
Inform haematology consultant on call	
Incentive spirometry	
CXR, sputum and viral swabs if clinically indicated	
Antibiotics if suspicious of infection	
Urology review if presenting with priapism	
ITU/outreach informed if felt to be at risk of chest crisis	

ANALGESIA

- Record what analgesia the patient has already taken.
- Offer all patients regular paracetamol and NSAIDS unless contraindicated.
- Offer bolus of strong opioid if severe pain present, or for moderate pain if previous analgesia already taken **(see page 11 for guidance and appendix 6).**
- Avoid pethidine.

If SpO2 < 94% refer to page 13 (acute chest syndrome management).

SUPPORTIVE MEDS **(see page 7 for guidance)**

- Laxatives.
- Antihistamines.
- Antiemetics.
- Folic acid.

Observations to EWS chart must include Spo2, pain and sedation scores (see appendices 4 and 5).

OBSERVATIONS TO BE RECORDED AT:

30 mins	
1 hour	
2 hours	
3 hours	
4 hours	
5 hours	
6 hours	