Our Lady's Children's Hospital, Crumlin
Nursing Care plan 17b
Sickle Cell Pain

Care plan 17b		**Goals** **Issue date: August 2018** **Review date: August 2021**	
_____ has pain _____ _____ _____		**1.** Primary goal is to achieve effective pain control both promptly and safely. **2.** Identify signs and symptoms of acute complications. **3.** Patient will be pain free on discharge home. **4.** Discharge patient safely.	
Commenced, date, time and signature	**No**	**Nursing Intervention**	Discontinued, date, time and signature
	1	**Pain assessment**	

		• Document and record pain score on arrival to ward from the emergency department.
		  • Use age-appropriate pain tool
		  ○ Wong Baker Faces
		  ○ Numeric/Verbal analogue scale
		  ○ FLACC
		• Ask parent what word (s) _____uses for pain and document same
		• Assessment of pain-
		  ○ location (s) of pain
		  ○ severity of pain
		  ○ character of pain-dull, sharp, burning, aching, stabbing, throbbing
		  ○ when did pain start
		  ○ any precipitating factors e.g. fever, dehydration
		  ○ how did pain start-sudden, gradual
		  ○ has the pain stopped the patient from sleeping, doing normal activities e.g. playing, going to school
		• If pain score is ≥ 7 assess 1 hourly until pain score is < 4
		• If pain score is between 4-7 assess 1-4 hourly until pain score is < 4
		• Assess pain before and after analgesia to monitor effectiveness
		• Monitor and record vital signs. Report any variations to haematology team	

	2	**Management of an acute painful crisis**	
	a)	• Involve patient and their parents in the assessment and management of pain. • Observations include oxygen sats • Incentive spirometry if on opioid therapy.	

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	b)	**Non- pharmacological methods of pain management**	
		• Use of hot packs/warm bath • Reassure patient • Fluids (IV if patient unable to tolerate an adequate oral intake). Keep an accurate fluid balance record • Involve play specialist in patients care. Use of DVDs, colouring, • Involve psychologist (as appropriate)	
	c)	**Pharmacological methods of pain management**	
		• Regular analgesia as per sickle cell guidelines • Titration of doses according to pain score • Use of adjuvants e.g. laxatives, anti-emetics, anti-histamines • Monitor for possible side effects of treatment e.g. constipation • Opioid rotation may be necessary if patient has unacceptable side effects e.g pruritus or poor pain control despite maximum doses of therapy	
	3	**Evaluation**	
		• Pain will be assessed and documented following interventions to relieve pain. If there is no improvement, haematology team to be informed and review patient. • Patient will be pain free prior to discharge home. • Prior to discharge home, provide information to the parent regarding the management of future pain crises o correct doses of simple analgesia-give regular doses if patient c/o pain o increase fluid intake-avoid dehydration o massage painful area o warm bath o contact hospital if pain is severe or worsens despite simple analgesia • If patient is on Hydroxyurea therapy, ensure parent has been collected bottles and syringes (stored in medication press). • Ensure parent is aware of next clinic date _____	

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