

Please provide emergency sickle cell care STAT!

S **STOP the pain!** Pain = vaso-occlusion = tissue anoxia & damage = EMERGENCY. Administer IV opioids **within 60 minutes** of arrival to the ED. Account for opioid tolerance in dosing. Assess and re-dose every 30 minutes until pain relief is achieved.

T **TRIAGE as ESI = 2** per ENA/ACEP/ASH within 30 minutes in ED. *Emergency Nurses Assoc. (ENA.org) - Emergency Severity Index Handbook 5th ed., p12*

A **ASSESS for complications** including stroke, pulmonary embolism, worsening anemia, & acute chest syndrome. Assess for dehydration.

T **TEST to screen for underlying complications. REMEMBER:** **Labs do not rule out a pain crisis!** Fever requires investigation for infection due to higher risk of sepsis. Bacterial infection requires IV antibiotics. For children: Must give ABX w/in 1 hour of ED arrival.

I'm sharing this card STAT to provide information that assists in my ED care.

Name: _____
 SCD TYPE: SS SC Other _____
 Baseline hemoglobin: _____
 Baseline pain level: _____
 Physician: _____
 Dr.'s phone: _____
 Emergency contact: _____
 Contact phone: _____

Scan this QR code to access the ACEP ASH ED Point-of-Care tool for Sickle Cell.



Developed in conjunction with ACEP physicians. STAT aims to support the work of ACEP (American College of Emergency Physicians) and ASH (American Society of Hematology) to help save lives. For more info, visit www.SickleCellSTAT.org.



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