Appendix 1

Sickle cell Acute Painful Episode: Protocol

1) Treat as an acute medical emergency	Check Obs (if sats <95% give O2)+ urgent review
2) Individualised assessment	Check treatment plan. Discuss plan with patient
3) Offer analgesia within 30 minutes	Give regular NSAID + paracetamol. Give bolus of a strong opioid if severe pain or if have moderate pain but have had analgesia. (Do not give pethidine).
4) Reassessment	Assess pain every 30 minutes until pain relieved. Then 4 hourly using a pain score. Give further opioid if required. Consider PCA if repeated doses within 2 hours. Monitor for opioid induced sedation. Offer laxatives / anti-emetics / antipruitics to all patients. (Not corticosteriods).
5) Possible complications (acute)	Notify Haematology IMMEDIATELY. N.B. acute chest syndrome.
6) Step down analgesia	Discuss with pain team / haematology
7) Discharge information	How to obtain support + manage treatment side effects