

## Educate the Family and Child

Family education begins with an explanation of the disease and its consequences (see [Nursing Care Plan](#) box). After this explanation, the most important issues to teach the family are to (1) seek early intervention for problems, such as fever of 38.5° C (101.3° F) or greater; (2) give penicillin as ordered; (3) recognize signs and symptoms of stroke, splenic sequestration, as well as respiratory problems that can lead to hypoxia; and (4) treat the child normally. The nurse tells the family that the child is normal but can get sick in ways that other children cannot.

## Nursing Care Plan

### The Child with Sickle Cell Anemia

#### Case Study

Donny is a 2-year-old male with sickle cell anemia (HgbSS). He returns to the hematology clinic this morning after being seen last night in the emergency department (ED) for pain. His mother states he is having more pain in his feet over the past several hours and he no longer wants to walk. The mother has been giving Donny the pain medications as prescribed by the ED doctor, but she feels his pain is getting worse. On examination, you find that his feet and hands are swollen and he cries out when you touch them.

#### Assessment

What are the most important signs of acute pain that you need to look for in a young child with sickle cell disease (SCD)?

#### Sickle Cell Vasoocclusive Pain: Defining Characteristics

Pain can be in any location in the body; can be rapid in onset and severe, may be localized or generalized

Low-grade fever may be present

Localized swelling over joints with arthralgia can occur

#### Nursing Diagnosis