

# Department of Emergency Medicine

## Initiate a Transfer from the ED – Sickle Cell Disease



All patients being admitted to the hospital should be considered for transfer to expedite bed assignment and decrease boarding time in the Emergency Department. Patients with sickle cell disease should be considered for transfer to Mount Sinai Morningside based on the following criteria:

Level 1	
Protocol	Clinical Criteria
<p><b>Action:</b> Offer transfer to patient to MSM. No approval needed from SCD team/benign hematology, if the patient fits into this category.</p>	<ul style="list-style-type: none"> <li>• Acute vaso-occlusive pain episode (VOE) without fever (fever = temp <math>\geq 38.5</math>)</li> <li>• Acute on chronic pain (not manageable at home)</li> <li>• Does not meet criteria listed in Levels II and III</li> <li>• Chest x-ray shows no signs of acute pulmonary disease</li> <li>• Room air oxygen saturation <math>\geq 94\%</math> (or if baseline <math>&lt; 94\%</math> - then no more than 3% less than baseline)</li> <li>• Serum creatinine <math>\leq 0.8</math> mg/dL (or if baseline is <math>&gt; 0.8</math> mg/dL, then no more than 1.5 mg/dL)</li> </ul>
Level 2	
Protocol	Clinical Criteria
<p><b>Action:</b> Consider transfer but obtain consult from a member of the sickle cell team (MD/APP) or benign hematology (MD/APP) for transfer.</p>	<p>Any complication other than vaso-occlusive pain episode (VOE) or complications listed in Level 3.</p> <ul style="list-style-type: none"> <li>• Priapism</li> <li>• Leg ulcers</li> </ul>

### Level 3

#### Protocol

Do NOT transfer. Obtain sickle cell team/benign hematology consult and admit the patient as soon as possible (may need ICU admission)

#### Clinical Criteria

Below are reasons why transfer is **NOT** appropriate:

- Acute chest syndrome (e.g., pneumonia, pulmonary edema, infiltrates – any trouble breathing)
- Acute coronary syndrome
- Acute stroke
- Acute vision loss
- Acute hearing loss
- Hx of hyper hemolysis syndrome
- Pregnancy
- Splenic or hepatic sequestration
- Thrombocytopenia (Platelets  $\leq 50k$ )
- Patient acutely ill with unstable vital signs and severe, symptomatic, lab abnormalities presenting as:
  - Acute kidney failure
  - Acute liver failure
  - Acute mental status change/neurologic symptoms
  - Cord Compression
  - Splenic sequestration requiring Hgb checks > q8 hours
  - Multifocal PNA with SpO<sub>2</sub>  $\leq 94\%$