



- f. Severe anemia
 - i. Pallor
 - ii. Fatigue
 - iii. Dyspnea or dyspnea on exertion
 - iv. Shock
 - g. Infections
 - i. Pneumonia (cough, fever, sputum shortness of breath)
 - h. Priapism
 - i. Painful, prolonged erection in the absence of sexual activity
 - i. Venous thromboembolism
 - i. Calf pain, tenderness, swelling, chest/back pain especially with inspiration, shortness of breath
7. Assess for signs of shock – If shock is present, treat per [Shock Guideline](#)

Treatment and Interventions

- 1. Medication Administration:
 - a. Provide analgesia per the [Pain Management Guideline](#)
 - b. Start oxygen by nasal cannula if hypoxic
 - c. Start an IV and provide saline 10 mL/kg normal saline bolus (up to 1 L)
 - d. Provide transport to an appropriate receiving facility.
 - e. Reassess vital signs and response to therapeutic interventions throughout transport
- 2. Comfort measures:
 - a. Keep patient warm and dry
 - b. Transport in a position of comfort unless clinical condition requires otherwise

Patient Safety Considerations

None noted

Notes/Educational Pearls

Key Considerations

- 1. Assess for life-threatening complications of sickle cell disease – these patients have significantly higher risk of numerous complications in addition to pain crises
- 2. Provide appropriate treatment for pain, respiratory distress, and shock
- 3. These patients may have a higher tolerance to narcotic pain medications if they are taking them on a regular basis
- 4. These patients will tolerate acute blood loss poorly due to baseline anemia
- 5. Patients with sickle cell trait can have acute pain crises in extreme conditions (e.g., heat exhaustion, dehydration) and several college athlete deaths have been linked to sickle cell trait

Pertinent Assessment Findings

- 1. Lung exam and assessment of respiratory distress
- 2. Altered mental status
- 3. Focal neurologic deficits
- 4. Inability to move a joint