**ST. DOMINIC-JACKSON MEMORIAL HOSPITAL**  
**JACKSON, MISSISSIPPI**

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<td>Pharmacy Mnemonic: SICKLE</td>
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1. Admit to:  
   - Place in Observation  
   - Inpatient

2. Allergies:

3. Vital Signs: Every 4 hours and prn for 72 hours and then every 8 hours and prn until discharge.
4. Diet:
5. Provide Sickle Cell Patient Education material.
6. Notify MD if patient leaves unit while on IV pain medications for discharge instructions.
7. **NOTE: Avoid ice or cold packs.**

**LAB**
8. CBC with diff, platelet count, reticulocyte count, LDH on admission (if not done already in ED).
9. Repeat CBC with diff, platelet count, reticulocyte count, and LDH on day #3

**MEDICATIONS**
10. 0.9% sodium chloride @ _____ mL/hour. (Recommendation: 75 to 100 mL/hour if not contraindicated)

11. Lovenox (enoxaparin) 40 mg subcutaneously daily
12. Colace (docusate sodium) 100 mg po BID hold for diarrhea
13. Benadryl (diphenhydramine) 25 mg IV q 6 hours prn itching

14. **Choose only one:**
   - Senokot-S (sennosides-docusate sodium) 1 or 2 tablets po with 8 oz of water q12 hours prn constipation
   - Cephulac (Lactulose) 15-30 mL PO BID prn constipation

15. **Choose only one:**
   - Zofran (ondansetron) 4 mg IV q6 hours prn nausea
   - Phenergan (promethazine) 12.5 mg IV q 6 hours prn nausea

16. **IF NSAID desired: Choose only one:**
   - Toradol (ketorolac) 15 mg, 30 mg IV q 6 hours in addition to opioid x 72 hours
   - Motrin (ibuprofen) 400 mg, 600 mg q 6 hours PO x 72 hours

17. **PAIN MEDICATIONS:**
   **Choose either a PCA or a routine IV opioid dose:**
   A. PCA (Avoid continuous infusion)
      - Morphine PCA: Follow PCA order set.
      - Dilaudid PCA: Follow PCA order set.
   B. Routine dosing (Recommendation: Only adjust dose for pain control, not frequency)
      - Morphine sulfate 4 mg, 6 mg, 8 mg IV q3 hours routinely
      - Dilaudid 1 mg, 2 mg IV q3 hours routinely
   C. **Choose one breakthrough pain medication:** (Recommendation: ¼ - ½ routine IVP dose)
      (No more than three additional doses of either med in 24 hours)
      - Morphine sulfate 1 mg, 1.5 mg, 2 mg, 2.5 mg, 3 mg, 4 mg IV q 3 hours prn pain;
      - Dilaudid 0.25 mg, 0.5 mg, 1 mg, IV q3 hours prn pain

18. Narcan (naloxone) 0.1 mg IV repeated q 2 minutes prn respiratory rate < 10 breaths/min or O2 sat < 90%. Notify MD if naloxone is administered.

**DOCTOR'S ORDERS**

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**BOTTOM EDGE OF PATIENT LABEL**

REV 10/14; SD40-3
CONSULTS

1. Home Medication:
   - [ ] Pharmacy to identify and list home meds

2. ☑ Consult Pain Management Service/St. Dominic Pharmacy Services (601-200-6000) to assist with 1) PCA dosing, 2) IV to PO pain medications, 3) Long Acting Pain Medications for Routine Use at home.

3. ☑ Consult Respiratory Therapy to assist with care of patient with sickle cell; 1) Evaluate room air O2 sat upon admission for baseline; 2) Evaluate O2 as needed to keep sats ≥ 92% or ≥ baseline; 3) Incentive Spirometry -- respiratory to instruct in use -- 10 breaths every 2 hours while awake


______/_______        _______ _________________________
Date        Time                        Physician Signature

DOCTOR’S ORDERS
What is Sickle Cell Anemia?

Sickle cell anemia is a blood disease that causes abnormal red blood cells. The red blood cells carry oxygen from your lungs to the rest of your body. Hemoglobin is a substance in the red blood cells that helps the cells carry oxygen. If you have sickle cell anemia, most of your abnormal hemoglobin can change the shape of the red blood cells. Instead of being soft and round, the cells are a stiff C-shape (sickle). This shape makes it harder for the cells to pass through small blood vessels. The cells can stick to each other in blood vessels and clog the flow of blood and oxygen to parts of the body. The lack of oxygen can damage the body tissues. It can also cause severe pain and fever. The abnormal blood cells are fragile and have a much shorter life than normal red blood cells. Your body may not be able to make new red blood cells fast enough, this can cause a shortage of red blood cells. The shortage of red blood cells is called anemia.

Plan of Care Overview

Your doctor at St. Dominic’s has created a plan of care especially for you. If you have a sickle cell crisis, you may be given IV fluids and pain medicine. You will need to rest. If too many red blood cells are destroyed during the crisis, you may need a blood transfusion. If you have signs of any further problems, more tests may be necessary. It is important to talk with your doctor and the staff caring for you about your questions or concerns.

It is our desire to work with you to ensure that your symptoms are controlled. You may require 4-5 days of treatment in the hospital for your crisis. The treatment plan may consist of IV pain medicine for the first few days but it will then be switched to oral medicine. Finally, these will be weaned to home levels to prepare you for discharge. For your safety, we expect you to remain on the nursing unit while on IV pain medicine. If you fail to abide by this expectation, your IV pain medicine may immediately be stopped, your doctor will be notified and immediate discharge may follow.

Medicine may be prescribed to try to prevent sickle cell crisis. It is important to take this medicine as ordered by your doctor. It is also essential to keep your follow up appointments with your doctor at discharge, and be present for each one.

Signature acknowledges that patient/guardian has received these instructions and voices understanding.

Patient Name: ___________________________________________
Patient signature:_________________________________________
Date:___________________________________________________

Educator Name: _____________________________
Educator signature:_______________________________
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