



INCLUSION

- Sickle Cell Disease with VOE or Dactylitis with or without fever

EXCLUSION

- Documentation or suspicion for Acute Chest Syndrome
- Indications for higher level of care (ICU)
- Documentation or suspicion for serious bacterial infection (sepsis, osteomyelitis, pyelonephritis, cholecystitis, etc.)
- Surgery this admission
- Stroke

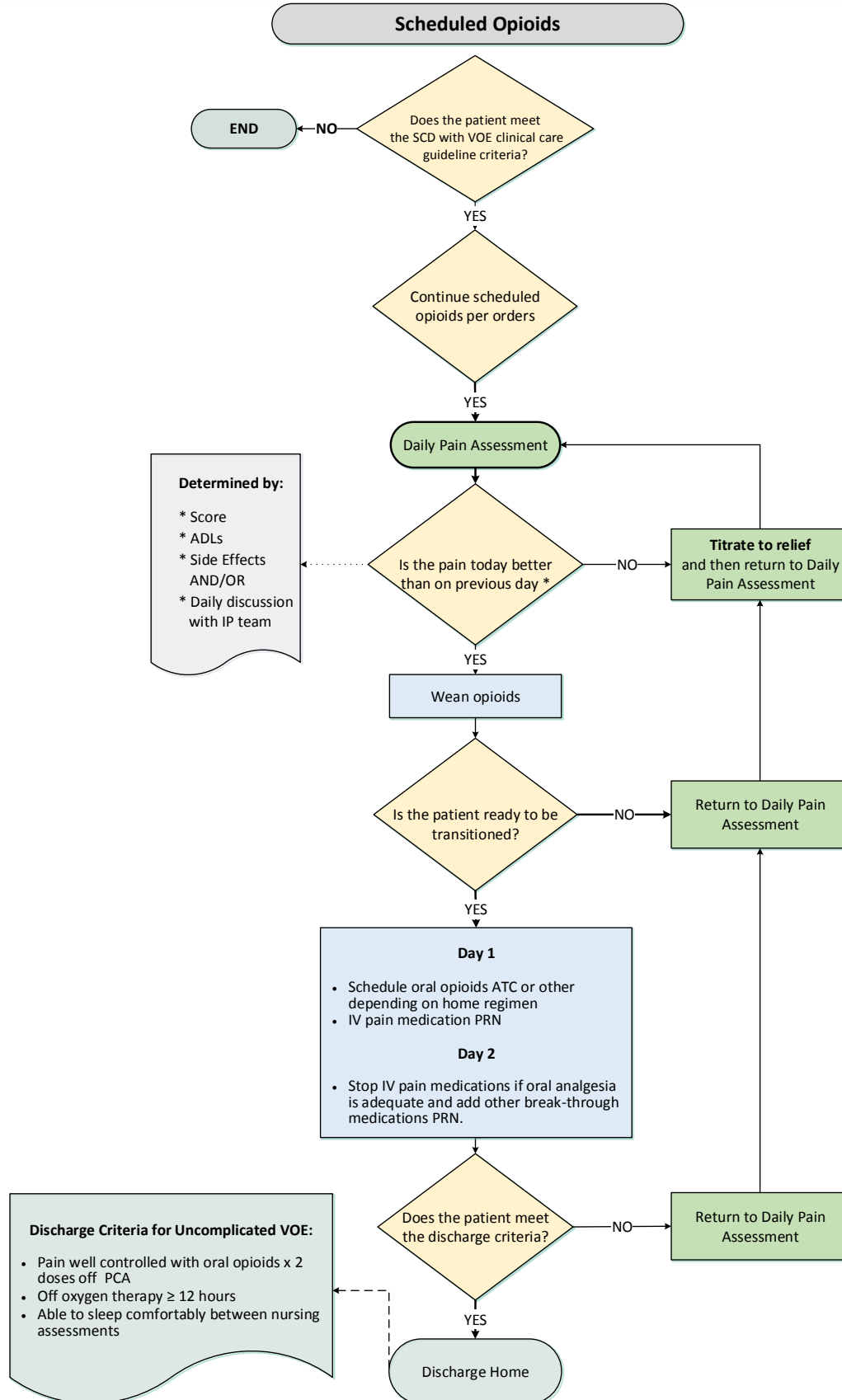
RN Admission Process

- Assess pain scale
- Place on cardiac and pulse oximetry monitors
- Administer O2 if saturation is $\leq 90\%$

Resident Admission Process

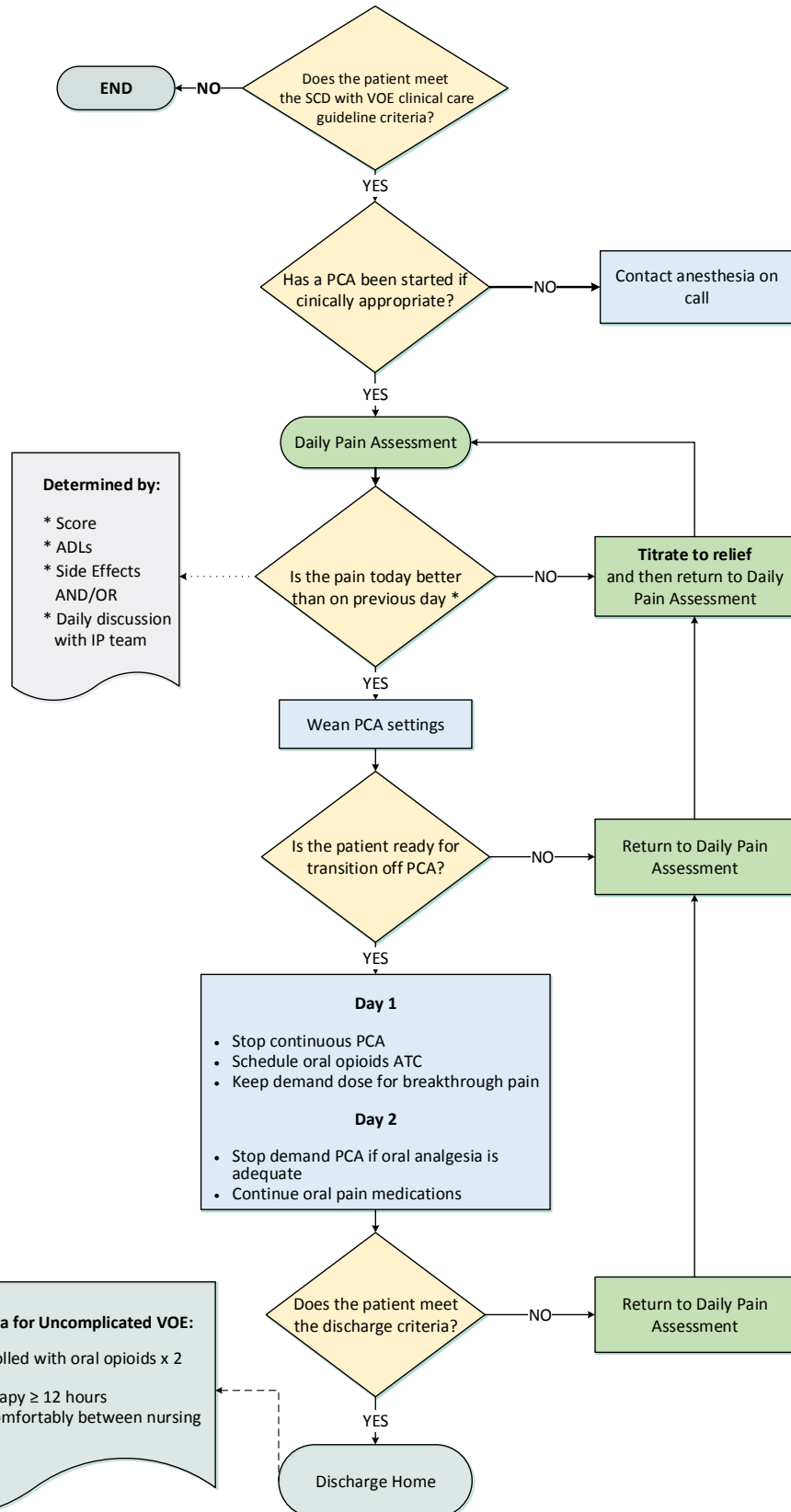
- Complete history and physical
- Utilize the SCD VOE note template
- Activate Inpatient SCD with VOE order set
- Consider additional studies
- Review plan with hematology fellow on call
- Review treatment plan with RN

- *Continue daily non-pharmalogical therapies per bedside RN, social work, and child life





Patient Controlled Analgesic (PCA)



INCLUSION

- Sickle Cell Disease with VOE or Dactylitis with or without fever

EXCLUSION

- Documentation or suspicion for Acute Chest Syndrome
- Indications for higher level of care (ICU)
- Documentation or suspicion for serious bacterial infection (sepsis, osteomyelitis, pyelonephritis, cholecystitis, etc.)
- Surgery this admission
- Stroke

RN Admission Process

- Assess pain scale
- Place on cardiac and pulse oximetry monitors
- Administer O2 if saturation is ≤ 90%

Resident Admission Process

- Complete history and physical
- Utilize the SCD VOE note template
- Activate Inpatient SCD with VOE order set
- Consider additional studies
- Review plan with hematology fellow on call
- Review treatment plan with RN

*Continue daily non-pharmalogical therapies per bedside RN, social work, and child life

Discharge Criteria for Uncomplicated VOE:

- Pain well controlled with oral opioids x 2 doses off PCA
- Off oxygen therapy ≥ 12 hours
- Able to sleep comfortably between nursing assessments