

Acute Painful Episodes Vaso-occlusive Episodes (VOE) : Guidelines for Management in Children with Sickle Cell Disease

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1.0 Introduction

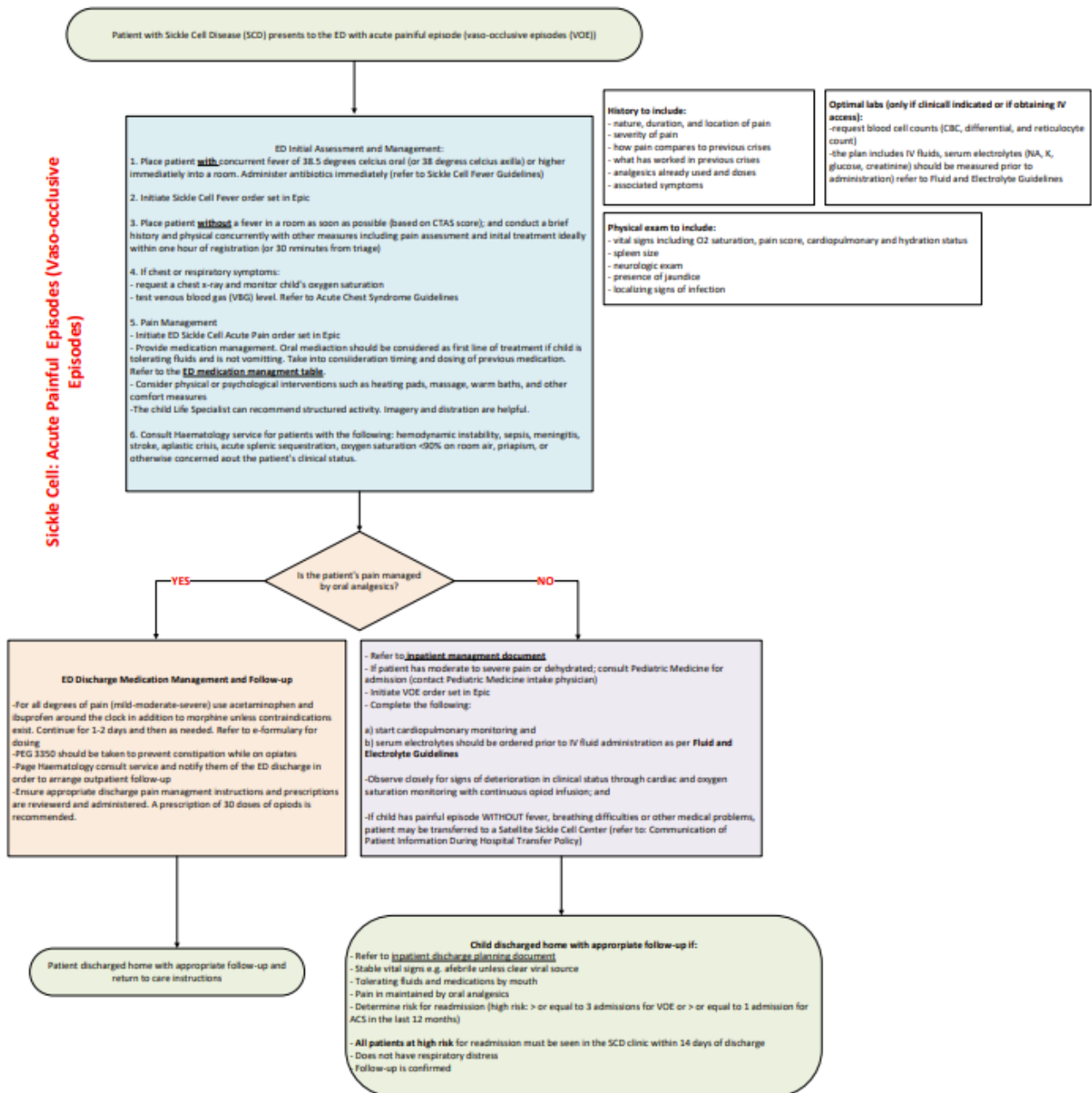
The cause of vaso-occlusive episodes (VOE) is believed to be ischemic tissue injury from the obstruction of blood flow by sickled erythrocytes. Reduced blood flow causes hypoxia and acidosis. This further increases the sickling process, leading to further hypoxia and acidosis—a cycle that eventually leads to ischemic tissue injury. Each VOE varies in intensity and duration. Infection, fever, acidosis, hypoxia, dehydration, sleep apnea, and exposure to extremes of heat and cold can precipitate episodes. Often, no cause is identified.

Painful VOE is the most frequent complication of Sickle Cell Disease. Common sites of pain include bone (extremities, dactylitis or hand/foot syndrome, back) and abdominal pain. Bone pain, the most common type of VOE, may or may not be accompanied by swelling, low-grade fever, redness, and warmth. It may be symmetrical, asymmetrical, or migratory. Dactylitis is a common presentation in infants and toddlers; back and abdominal pain are more common in older children. Abdominal pain in children with sickle cell disease is usually a simple VOE, but other diagnoses may present similarly (splenic sequestration, liver sequestration, appendicitis, pancreatitis, biliary colic and cholecystitis, urinary tract infection, pelvic inflammatory disease, etc.) and should be ruled out. In addition, pneumonia and chest crisis may present as, or accompany abdominal pain. During a severe painful episode, a patient may also develop an acute chest syndrome, or a CNS event.

Pain should be treated early and aggressively. No laboratory features are pathognomonic of VOE; diagnosis is based strictly on the history and physical examination. When treating a painful episode, the Healthcare Provider needs to be aware that concurrent illnesses such as an acute sequestration, priapism, aplastic episode, or fever/sepsis (see other protocols) may also occur, which must be dealt with concurrently.

This clinical practice guideline has been developed for the management of sickle cell patients with an acute painful episode who present to the emergency department and/or inpatient units.

2.0 Clinical Practice Recommendations for Management of Vaso-occlusive Episodes



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3.0 References

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4.0 Related documents

- [Acute Chest Syndrome or Pneumonia: Guidelines for Management in Children with Sickle Cell Disease](#)
- [Pain Assessment Policy](#)
- [Pain Management Clinical Practice Guideline](#)

Attachments:

[Discharge Criteria FINAL.pdf](#)

[ED medication management.pdf](#)

[Inpatient Management.pdf](#)

[Revision History.docx](#)

[SC_Clinic Follow Up FINAL.pdf](#)

[SCD pain plan.pdf](#)