**Sickle Cell Crisis Clinical Pathway**

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**Problem:** Patients with sickle cell crisis report their most frequent dissatisfaction with the care they receive is with their pain management (Jenerette & Lauderdale, 2008, p. 16). Patients with sickle cell crisis episodes are not discharged until the patient’s pain is adequately managed on oral pain medication. The length of stay for adult sickle cell crisis patients at Centra was 4.36 days in 2008; 5.41 days in 2009 (Centra, 2009). As a result of the increased length of stays for this population, there was loss of revenue of approximately $175,000 for 2008-2009 (Centra, 2009).

**Evidence:** The proposed solution for effectively managing pain of sickle cell crisis patients is to address the underlying cause for the pain. A clinical pathway with an extensive five day course of care management will address hydration, oral medications, oxygenation, and a special focus on pain management (National Institutes of Health, 2002).

**Strategy:** A team was formed to develop a clinical pathway for sickle cell crisis patients on an adult medical surgical unit. The multidisciplinary clinical pathway incorporates the collaboration of numerous clinical experts and recommendations from World Health Organization (WHO) and the National Institute of Health (NIH). The pathway was implemented January 7, 2010; an order set was implemented January 24, 2010.

**Practice Change:** The admitting physician initiates the order set. The nurses ensure that the clinical pathway is being followed.

**Evaluation:** Each case is monitored and evaluated during the course of the hospitalization. A report is received monthly to reveal the length of stay for each patient and the average for the month.

**Results:** The data reveals that the clinical pathway has been successful in reducing the length of stay for sickle cell crisis patients.

**Recommendations:** Re-evaluation will occur to see if revisions need to be made to the pathway.

**Lessons Learned:** A comprehensive and multidisciplinary approach for caring for sickle cell crisis patients is beneficial to the patient, organization, and the clinicians.

**Bibliography**


(NIH Publication No. 02-2117). Retrieved August 17, 2009, from
Geneva.