Children and adults with sickle cell disease (SCD) often require care in the emergency department (ED) of hospitals and clinics for health issues related to SCD. The ED may be a patient’s only option for health care when symptoms, such as pain crises, cannot be managed at home or when a patient does not have access to a healthcare provider who specializes in treating SCD. The Sickle Cell Data Collection (SCDC) program found that in California, people with SCD seek care in the ED an average of three times a year from their late teens to their late 50s.

**Tips for ED Health Providers**

- Take complaints of pain from patients with SCD seriously and treat promptly with appropriate fluids and pain medication.
- Work with the SCD team at your hospital or clinic to develop individualized care plans for patients with SCD, especially those with frequent ED use. When possible, make these plans available in the electronic medical record.

**Primary Health Complaint: Extreme Pain**

Pain crises, which can be excruciating, are the most common reason for ED visits among patients with SCD. Patients may not always appear to be in pain because they have often developed a high pain tolerance due to a lifetime of chronic pain.

Patients with SCD require prompt pain treatment. The medical evaluation of patients includes determining the cause of pain and assessing recent medication use. For mild or moderate pain, begin treatment with nonsteroidal anti-inflammatory drugs. For severe pain, treatment with opioids may be needed. If the patient is already on opioid therapy, calculate opioid dose based on current opioid dose. Reassess pain and provide additional opioid administration, if necessary, for continued severe pain. For greater effectiveness, medication can be combined with nonpharmacologic approaches, such as heat application and distraction.