

# Daily Aspects of Emergency Care Delivery for Adults with Sickle Cell Disease



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# A Nurse's Perspective

A Practical Approach

## Objective

Share information about strategies that can impact daily management and emergency care as it relates to adults with Sickle Cell Disease

**Persons with sickle cell often suffer unnecessarily because of lack of knowledge about their sickle cell condition and treatment options.**

# Educational Interventions

# Educational Programs

- Individualized plans based on persons knowledge deficits
- Deficits identified through interactions and interviews

# Goals for Interventions

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- To develop informed consumers with knowledge of their Disease Process

**To teach them to employ  
preventative rather than reactive  
crisis oriented care**

**To assist in identifying  
Responsive Health Care  
Providers and receptive  
institutions**

**To teach Rights &  
responsibilities as consumers**

**To teach them to employ  
preventative rather than  
reactive crisis oriented care**

- **Ultimately to help improve the way they manage their condition and life**

# Teaching Plan

# Sickle Cell Disease

Potential for serious complications

## Target Organs

- Kidney
- Spleen
- Lungs
- Bones
- Brain

- Skin
- Penis
- Eyes
- Liver

- Splenic sequestration crisis
- Acute chest syndrome
- Pulmonary hypertension
- Stroke
- Infection
- Aplastic crisis
- Leg ulcers
- Gallbladder disease
- Avascular Necrosis
- Eye problems
- Multiple organ failure
- Painful episodes
- Psychosocial

## Medical Complications

# Medical Complication

- Explanation of each complication
- Signs/symptoms
- Treatment options
- Informed patient about their own personal medical history
- Type of sickle cell
- Baseline labs
  
- Reinforced information as needed

# Teaching Points for Persons with SCD

- listening to your body
  - color of your urine
- skin color and texture,  
jaundice
- Knowing baseline labs

# Teaching Points for Persons with SCD

- Early Treatment  
What it entails and how do  
you employ it
- Knowledge related to  
cumulative consequences

# Teaching Points for Persons with SCD

- Setting goals for health and  
life
- Scheduling and keeping  
appointments

## • **Journaling for clarity**

**Identification of triggers/impending health challenges**

**Personal Pain patterns**

**current medication and history**

**Tracking medication usage**

## Teaching Points for Persons with SCD

- Behavioral issues and referrals
  - How to respectfully refuse treatments
- Right to question and refuse care

# Teaching Points for Persons with SCD

- good support system of family and friends
- Identifying and utilizing Community Based Programs and Sickle Cell Support groups
  - Counseling services for support with psychosocial issues

- Fever of 101
- New or unusual problem
- Pain different from usual pattern
- Pain accompanied by swelling
- Severe abdominal pain and/or distention
- Mental status changes
- Vomiting and diarrhea
- Deep jaundice
- Unusual drowsiness
- Bleeding from any area
- Signs of infection
- Breathing problems
- Changes in exercise tolerance
- Relief not apparent; situation prolonged

**When to seek Medical Attention**

# Home Management/Prevention Strategies

Home Management versus Hospitalization is an option

- Temperature
- Fluids
- Moist heat
- Alternative treatments, guided imagery, distraction therapy
- Pain medication as needed
- Rest to progressive exercise
- Nutrition
- Watchful waiting
- telephone contacts with care provider
- Go to Clinic or Hospital for medical care if no improvement

**After repeated educational interventions we noticed that patients who had previously felt that they had to go to the hospital or ER for symptoms began to utilize the emergency room less and participated often in telephone management more often**

## Conclusion

Providing information and teaching simple practical skills to persons with sickle cell disease can make a difference in the way they manage their health and utilize Health Care Resources