Related Concepts

Alteration in bleeding
Acute Pain
Impaired gas exchange
Ineffective tissue perfusion

Related Exemplars/Diseases

Sickle Cell Disease
Sickle Cell Crisis

Reading/Resources - Clinical Judgment

Cause - inheritance of sickle hemoglobin genes - lack of healthy red blood cells to carry O_2
Sickle-shaped red blood cells become rigid & sticky affecting O_2 transport

Most common symptoms
- Anemia
- Acute pain
- Swelling of hands + feet
- Frequent infections

Class/Lab/Clinical – Clinical Judgment

Monitor for pain — prompt administration of analgesics
Monitor O_2 saturation
Monitor for changes in cardiovascular status/efficiency
Monitor changes in skin integrity related to decrease in tissue perfusion

Priority Assessments or Cues

1 Pain
2 SPO2/oxygen level
3 Signs of infection

Priority Labs & Diagnostics

1 RBC's
2 H/H
3 Sickling tests

Priority Nursing Interventions

1 Prompt administration of pain meds
2 Monitor fluid volumes - hydration
3 Pace activities (energy conservation)

Priority Medications

1 Analgesics
2 Antibiotics
3 Hydroxyurea

Priority Potential & Actual Complications

1 Sickle cell crisis
2 Thrombolytic crisis leading to blockage of small blood vessels — stroke, vascular occlusion
3 Pain
Splenic Sequestration (most often seen in infants + toddlers)

Priority Collaborative Goals

1 Dietary teaching - Na restriction + need for protein
2 Pain Management
3 Genetic testing

NurseThink® Quick

SICKLE

- **S** trokes/swelling of hands + feet / spleen problems
- **I** nfections / Infarctions
- **C** rises (painful, sequestration, aplastic) chronic hemolysis, cardiac problems
- **K** idney disease
- **L** iver disease
- **E** rection (priapism), Eye problems - retinopathy

NEXT GEN LEARNING – NCLEX® TEST PLAN

Safe and Effective Care: Management of Care, Coordinated Care, Safety and Infection Control
Monitor for progression of symptoms, monitor for signs of occlusive issues + thrombolytic crisis - hypoxia, change in oxygenation, circulation to extremities Blood transfusion

Health Promotion and Maintenance
Monitor for progression of symptoms that can lead to complications
Teach patient + family re cause + treatment of condition

Psychosocial Integrity
Assess level of coping with illness, provide emotional support to patient + family, encourage patient/family to ask questions re care/treatment, diet, activity + follow up care

Physiological Integrity: Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, and Physiological Adaptation
Promote bedrest, hydration exchange transfusions when in sickle cell crisis, monitoring of vital signs, O2 saturation level, pain level, peripheral circulatory status.

QUALITY AND SAFETY COMPETENCIES

Patient-Centered Care Respect of patient values + preferences, involve patient + family in care decisions, provide education, emotional support

Teamwork and Collaboration
Collaboration with geneticist, dietary + other system specific specialists if needed

Evidence-Based Practice
Pain management protocols, hydroxyurea (antineoplastic agent)

Quality Improvement
Prevent hospital-acquired infections + complications, reinforcement of teaching

Safety
Monitor patient for adverse blood transfusion reactions, medication reactions

Informatics
Record + trend vital signs + lab results in EHR.

Peer Review: _____ Faculty Review: _____

Grade Tracker

67	77	87	92												