



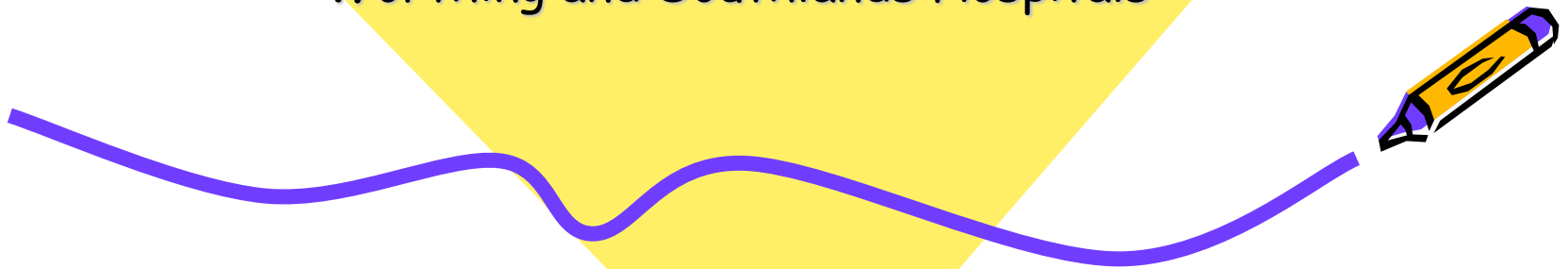
Paediatric Analgesia

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Paediatrics at Worthing Hospital

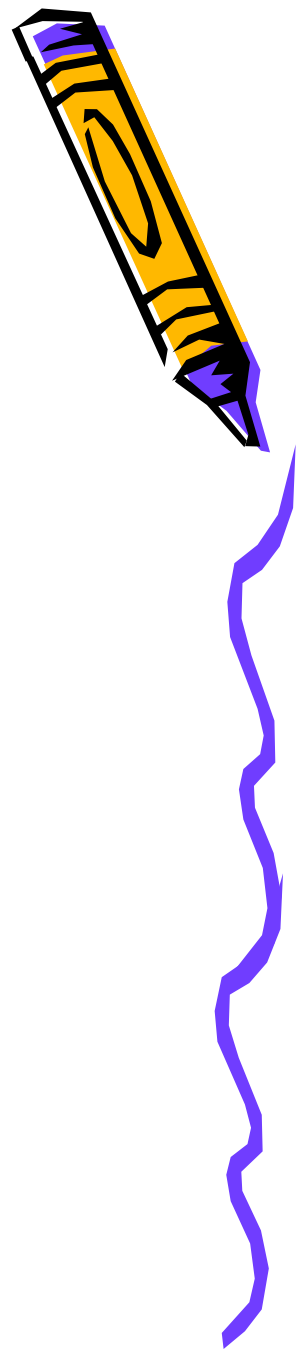


- 2 wards now amalgamated into 1+nnu
- Anaesthetic paediatric lead
- Paediatric pain group (multidisciplinary)
- Paediatric pain ladder with guidance notes in the same format as for adults
- Separate paediatric PCA/NCA forms
- Paediatric Centre

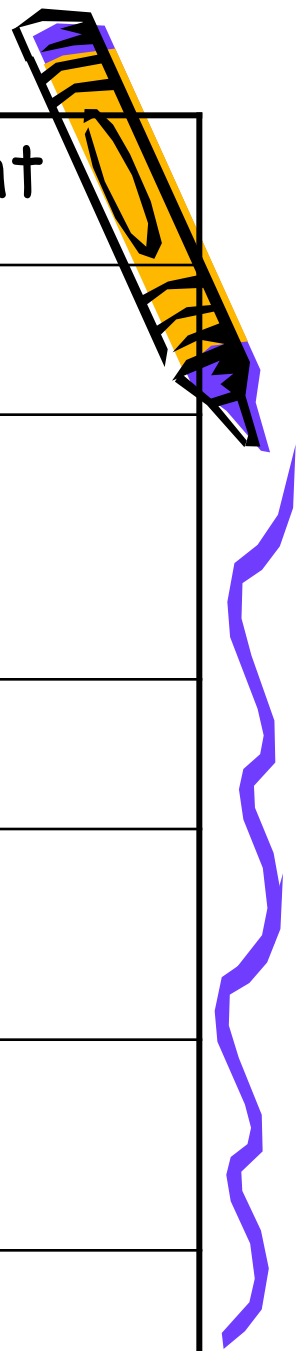


Throughput

- 2011/12
- Total patients 3903

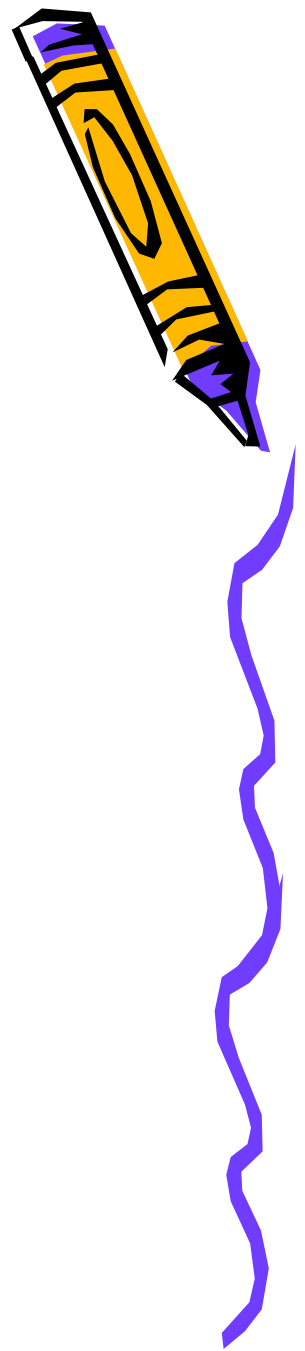


Speciality	Total	Overnight
Paediatrics	2235	1253
General Surgery	381	301
E.N.T.	550	167
Ophthalmology	86	16
Orthopaedics	343	247
Max-fax	12	0



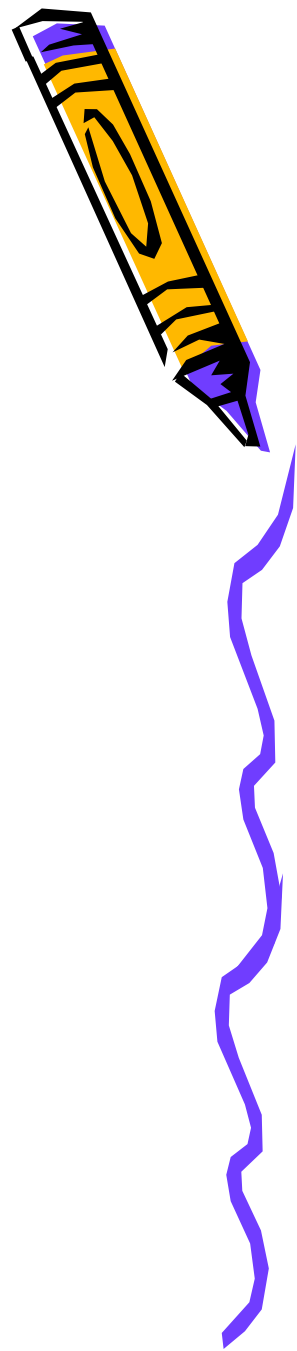
Case 1

Case based discussion



Case Report 2.

Case based discussion



Pain Management of an Acute Sickle Cell Episode in Hospital



- NICE guideline 143 Sickle cell acute painful episode:management of an acute painful sickle cell episode in hospital published June 2012.
- Summary of guidelines in Anaesthesia News October 2012.



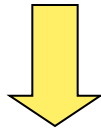
Quick Reminder

- 15 000 sufferers in UK (prevalence increasing).
- Prevalence varies across the country.
- Autosomal dominant condition.
- Substitution of glutamine for valine on sixth position on the beta chain.

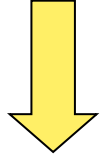


Changes in conditions (triggers)

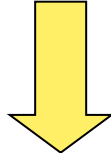
Hypoxia, Dehydration, Temperature



Polymerisation of abnormal Hb



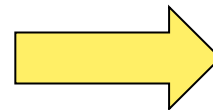
Changes in red blood cell shape (sickling)



Blockage of small blood vessels

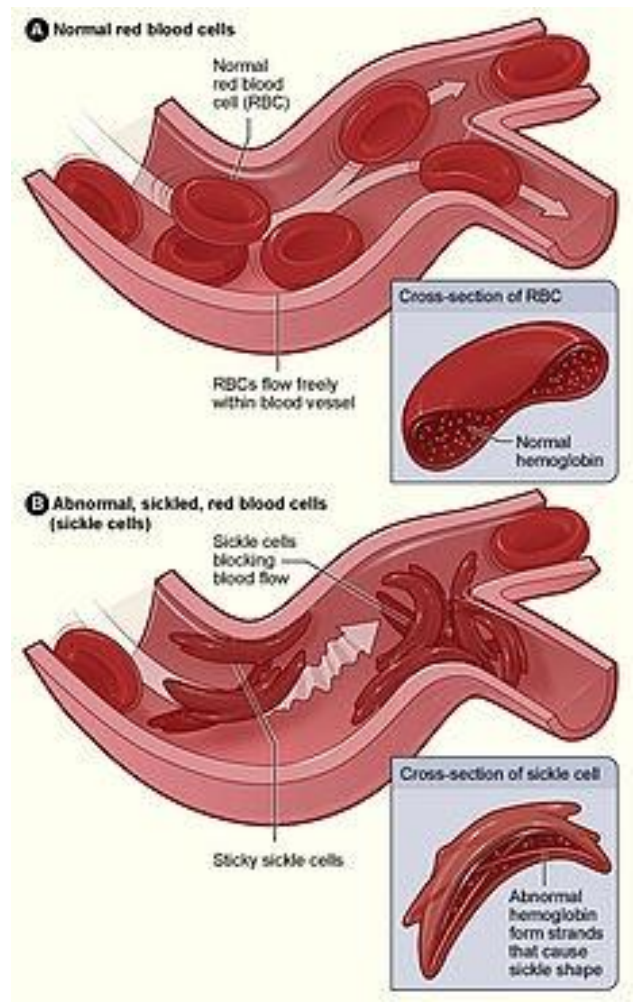
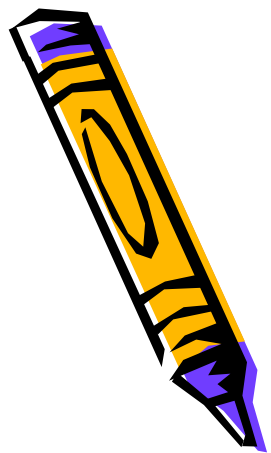


Tissue infarction



PAIN





Individualised treatment is recommended.

Consider patients as experts in their own condition.

Discuss previous therapies and elicit concerns.

Discuss psychological and social support.

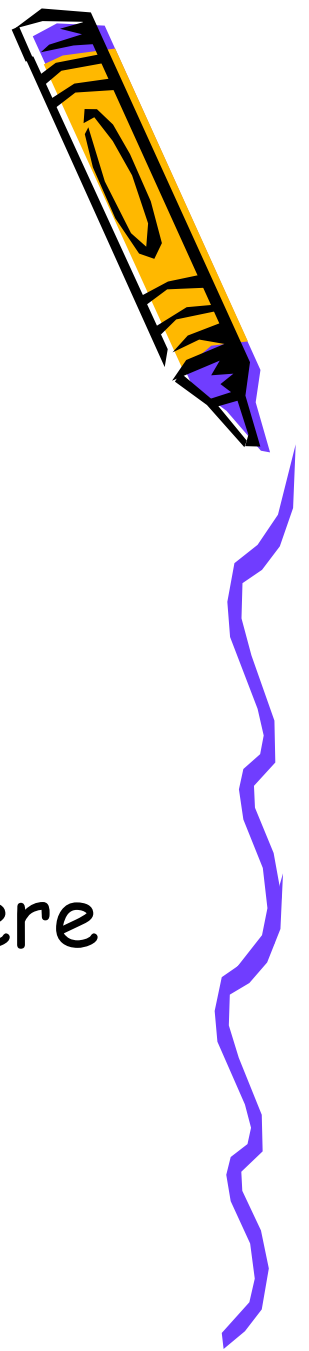




- Analgesia should be administered within a target time of 30 minutes
- Pain should be reassessed every 30 minutes using an age appropriate pain score.
- If the patient reports the pain as being unusual-check there is not another cause.

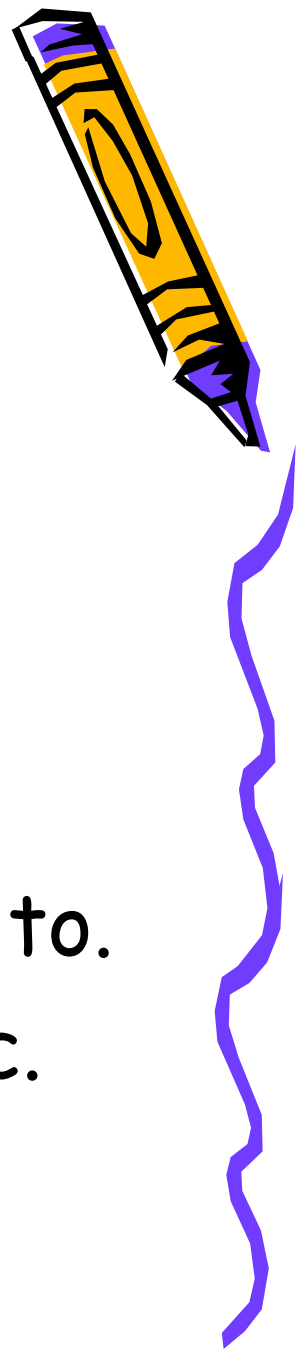


Recommendations for Analgesia



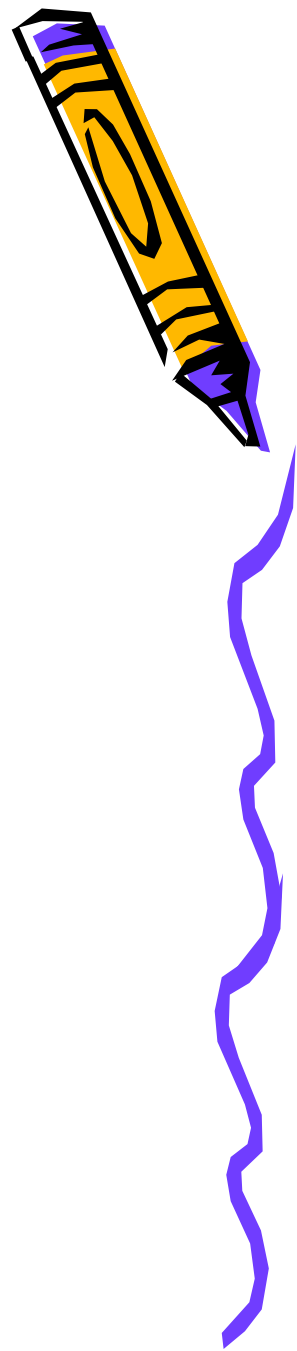
- Paracetamol
- NSAID
- Weak opioid in moderate pain/previous analgesia
- Strong opioid bolus moderate-severe pain





- Reassess at 30 mins and repeat strong opioid if required.
- Consider PCA if repeated boluses required.
- Pethidine should not be offered, otherwise no specific opioid is recommended.
- Local protocols should be adhered to.
- PRN laxitive, antiemetic, antipuritic.





- Observe for acute complications.
- Steroids are not recommended.
- [Guidance.nice.org/cg143](https://www.guidance.nice.org/cg143)
- Thank you-Any Questions?

