

Clinical Policy: Sickle Cell Disease Observation

Reference Number: PA.CP.MP.88

Effective Date: 01/18

Last Review Date: 2/26/2021

[Revision Log](#)

Description

Medical necessity criteria for sickle cell disease observation status.

Policy/Criteria

I. It is the policy of Pennsylvania Health and Wellness[®] that the observation level of care is **medically necessary** for members who do not meet inpatient status criteria per a nationally recognized clinical decision making support tool, but who meet the following criteria:

A. Episode Day 1:

1. Intractable pain despite routine home therapy (including narcotics, heat, massage, rest, etc.), *and*
2. Suboptimal improvement in pain following at least 4-6 hours of intravenous (IV) or intramuscular (IM) analgesic treatment in the emergency department (ED) or an alternate outpatient setting, *and*
3. Requires continued IV or IM analgesic treatment and/or IV fluids for pain management.

B. Episode Day 2:

Any days beyond episode day one in observation that do not meet inpatient criteria must be reviewed by a physician. Lack of scheduled or continuous dosing of analgesics and adequate IV fluids indicate suboptimal treatment of a vaso-occlusive pain crisis.

C. Discharge Criteria:

1. Pain is controlled with oral analgesics; *and*
2. Adequate oral intake; *and*
3. Patient educated on comprehensive pain plan tailored to his/her individual needs.

Background

Episodes of acute pain are the most common type of vaso-occlusive event in sickle cell disease (SCD). An acute pain episode is the most common reason for individuals with SCD to seek medical attention. Pain can be triggered by things such as stress, weather conditions, dehydration, infection, menses, overexertion and alcohol consumption, but most episodes have no identified cause. The pain most commonly affects the back, chest, extremities, and abdomen, but can occur in any area of the body. Pain ranges from mild to excruciating and can be accompanied by objective clinical signs such as fever, swelling, tenderness, tachypnea, hypertension, nausea and vomiting.

Every individual with SCD should have an established pain plan tailored to his or her needs. These plans should outline how to appropriately manage their pain at home and include pre-defined thresholds for the use of opioids and when to contact their health care providers. When adequate relief is not achievable in the home, patients often present to the ED for treatment.

CLINICAL POLICY
Sickle Cell Disease Observation



When patients present to the ED with acute pain, other causes of the pain should be excluded, particularly infection, prior to developing a treatment strategy. An acute pain crisis is best managed with optimal hydration and aggressive pain relief. IV fluid resuscitation and analgesics can be effectively administered in the observation setting when efforts at treating the pain episode at home are unsuccessful and the pain is not severe enough to warrant an inpatient admission.

Reviews, Revisions, and Approvals	Date	Approval Date
PHW Policy developed	09/17	01/18
References reviewed and updated.	09/18	02/19
References reviewed and updated. Addition of “overexertion” was to the background. Specialist review. Duplicative UpToDate references removed.	12/19	1/10/2020
References reviewed and updated. Specialist review. Annual Review performed.	2/26/2021	

References

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3. Field JJ, Vichinsky EP, DeBaun MR. Overview of the management and prognosis of sickle cell disease. In: UpToDate, Schrier SL, Mahoney DH (Ed), UpToDate, Waltham, MA. Accessed 07/01/20.
4. McKesson Corporation InterQual® criteria
5. U.S. Department of Health and Human Services, National Institutes of Health and National Heart, Lung, and Blood Institute. Evidence-based management of sickle cell disease. Expert Panel Report, 2014. Accessed 07/02/20 at <https://www.nhlbi.nih.gov/health-topics/evidence-based-management-sickle-cell-disease>
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