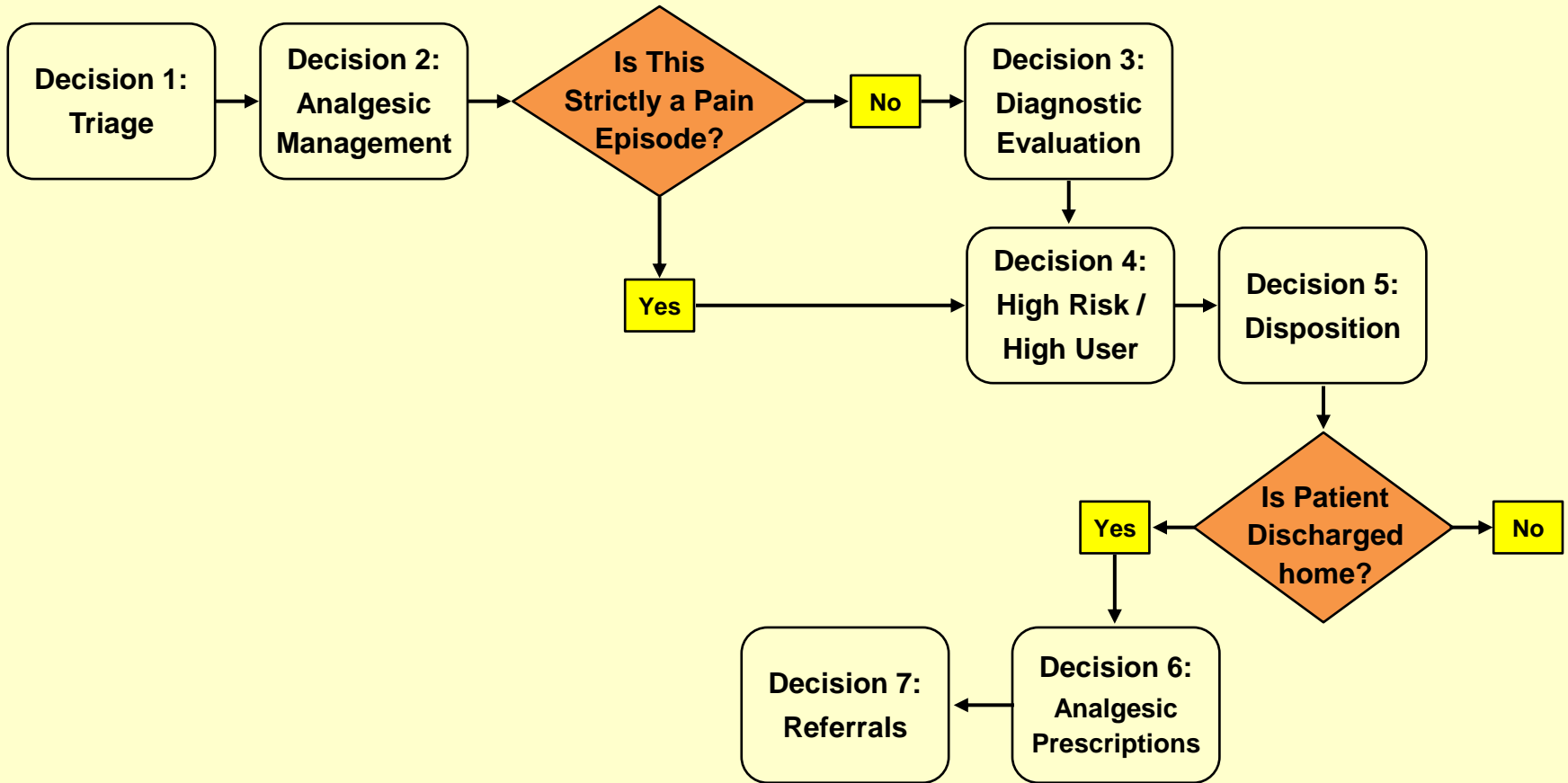


ED-SCANS: OVERALL DECISION SUPPORT ALGORITHM

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ED-SCANS DECISION 1

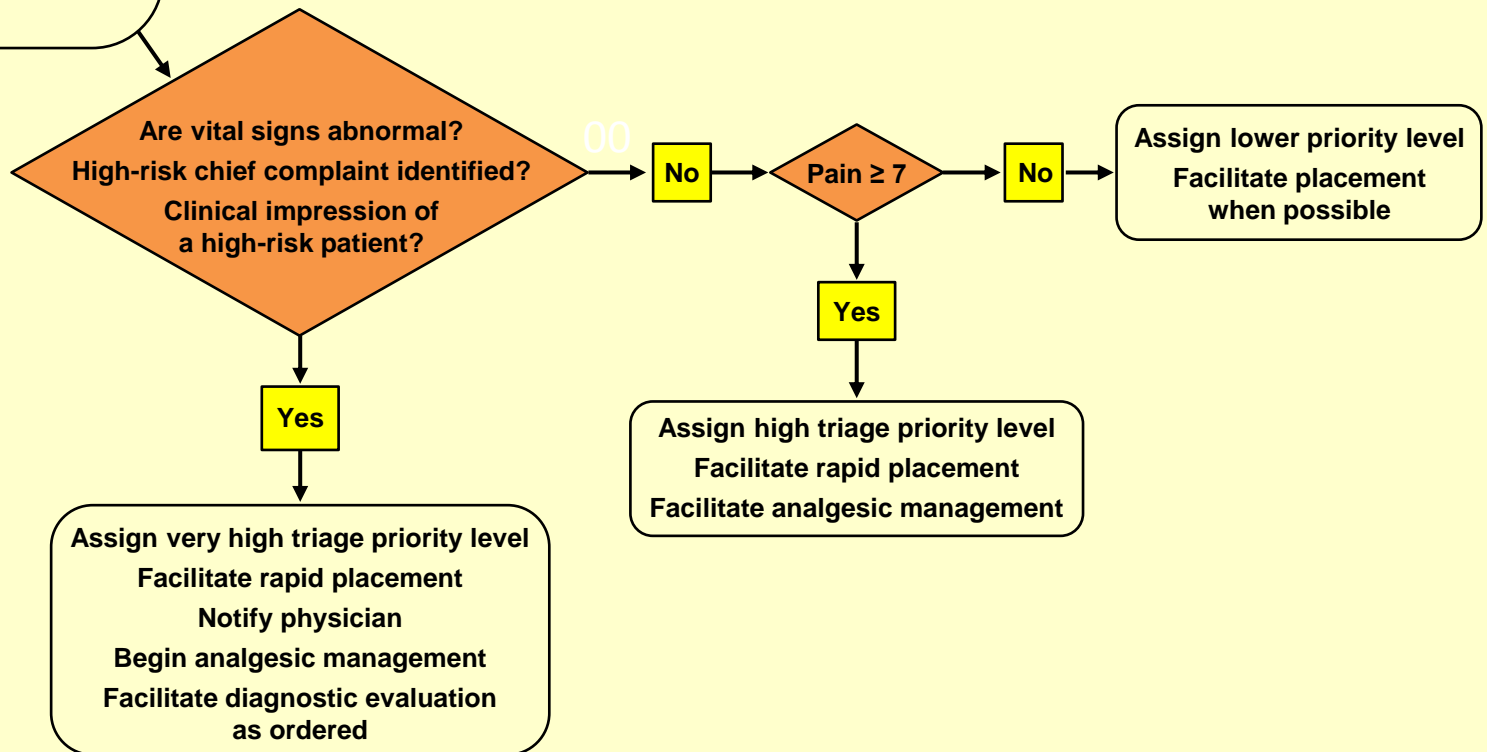
RN: Triage or Initial Nursing Assessment

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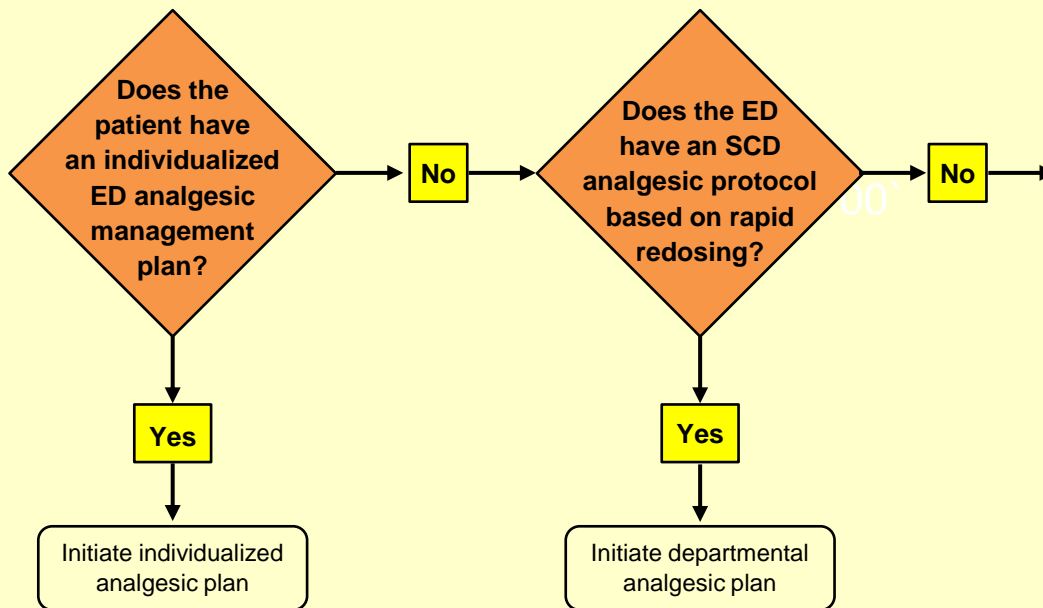
Abnormal vital signs:
T>100.5F (38C), RR>22,
SaO₂<93%, HR<50 or >100

Chief complaints:

- shortness of breath
- atypical pain (new location or generalized pain)
- neurological headache
- confusion
- neurological deficits
- seizures
- chest or abdominal pain
- priapism
- pregnancy



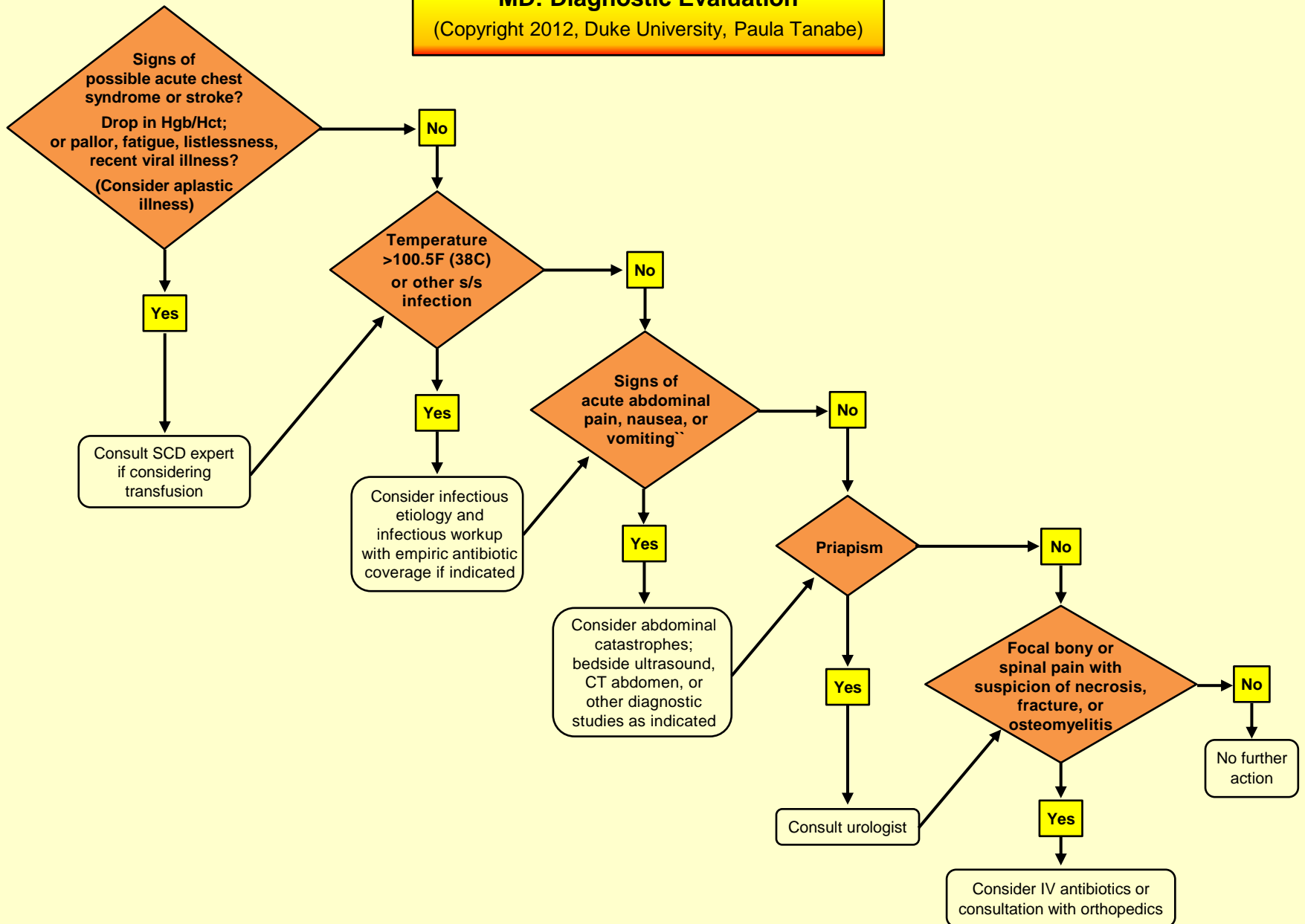
ED-SCANS DECISION 2
RN/MD: Analgesic Management
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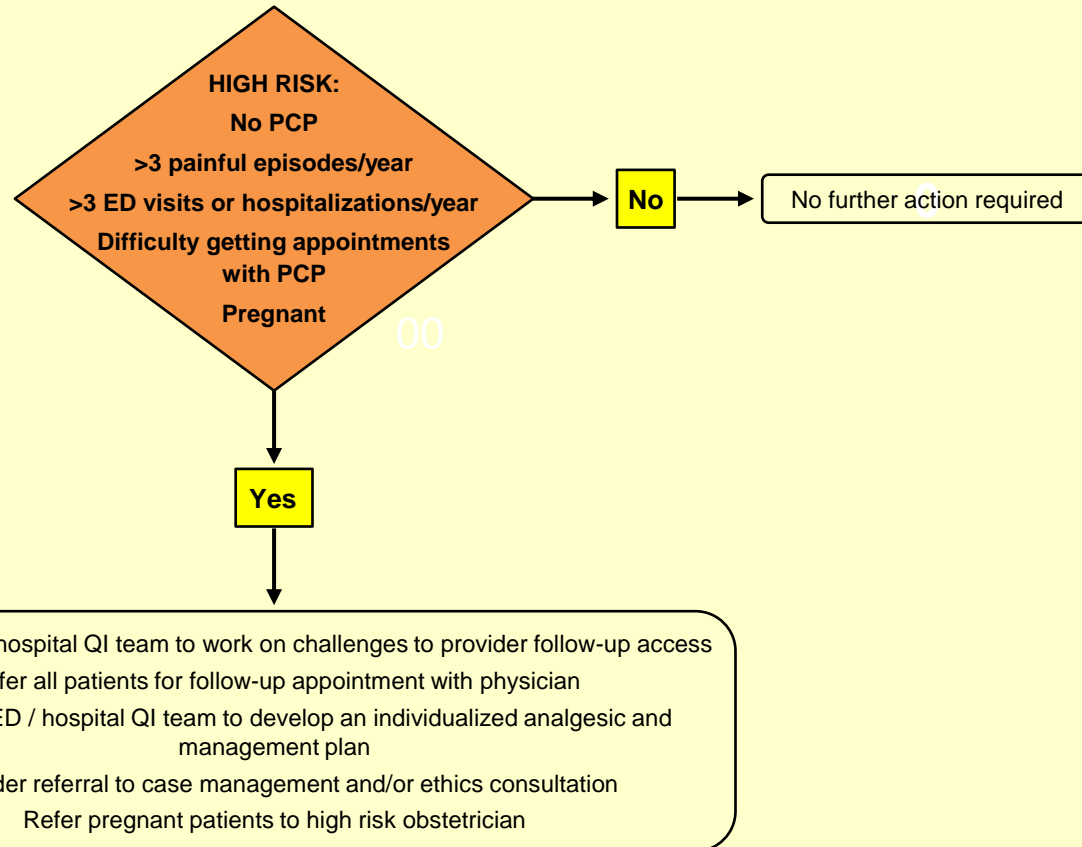
- Administer initial doses as IVP, or SQ if IV access is unavailable; avoid lower extremities for IV placement.
- Adults < 50 kg: morphine 0.15 mg/kg or hydromorphone 0.02 mg/kg are preferred agents and starting doses.
- Adults ≥ 50 kg: MS 5-10 mg, hydromorphone 1.5 mg.
- Consider PCA, especially in the context of observation or short-stay admission. Consider basal infusion if patient takes chronic daily opioids.
- Re-assess and re-administer analgesics q15 minutes, consider dose escalation.
- Titrate to pain and sedation.
- Develop individual and ED SCD analgesic protocols.
- Develop individual plans based upon doses required to achieve good management.

ED-SCANS DECISION 3 MD: Diagnostic Evaluation

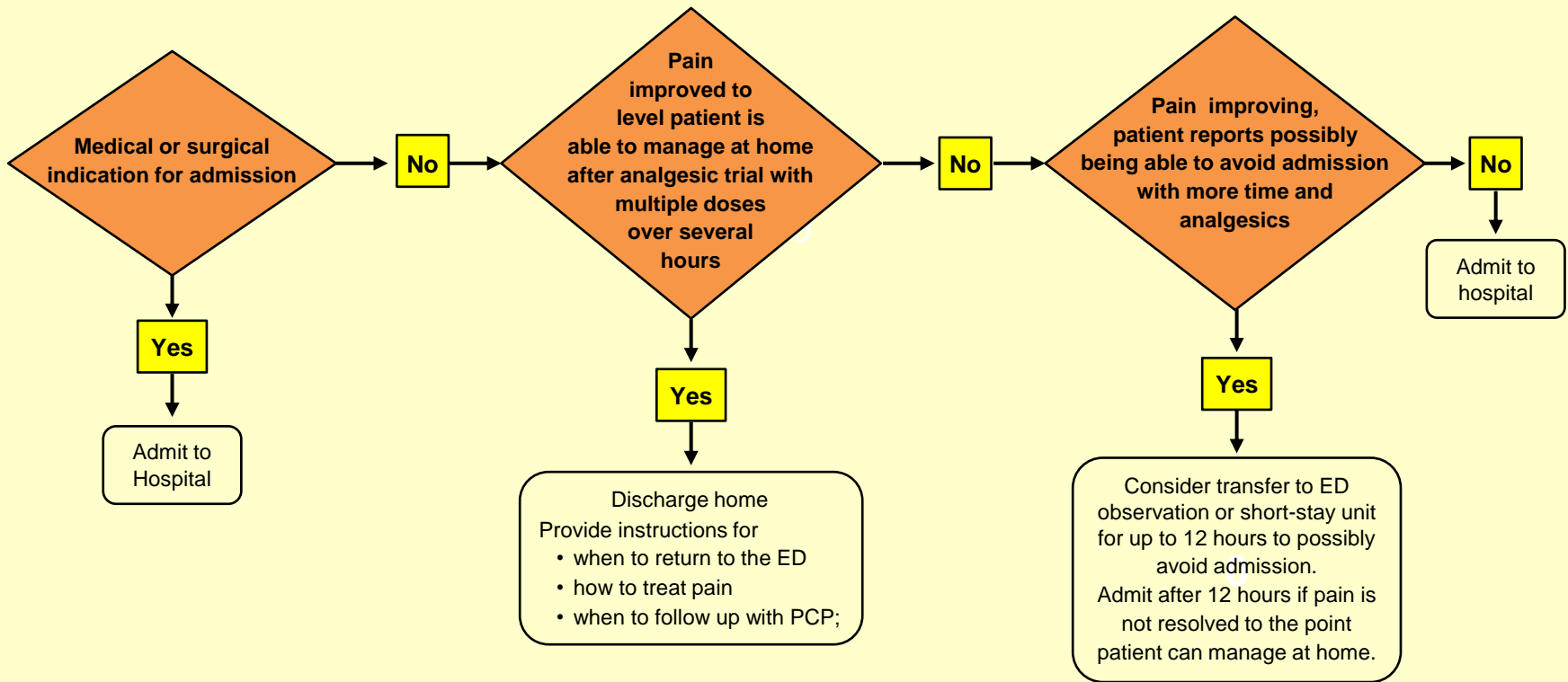
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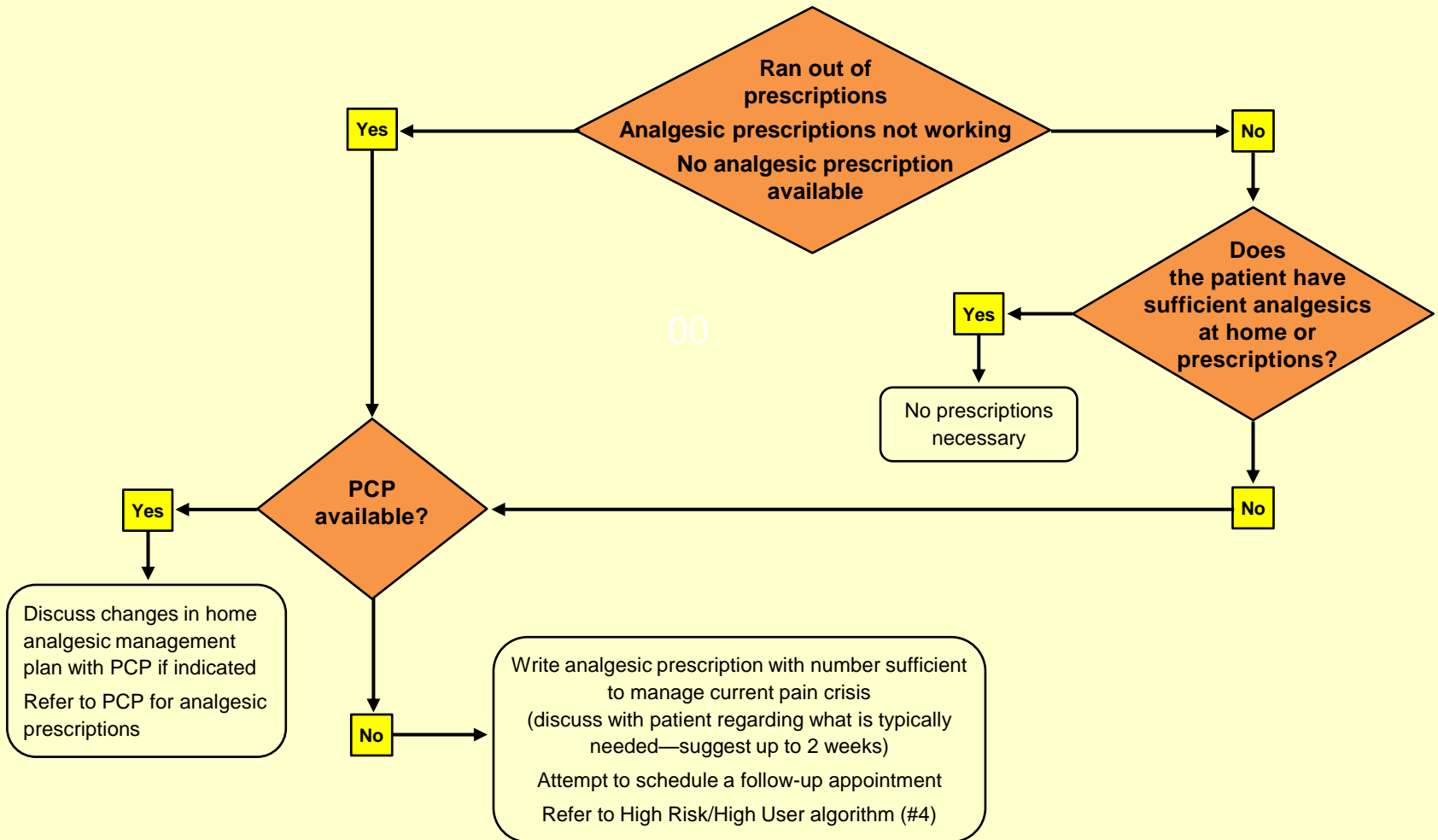
ED-SCANS DECISION 4
RN/MD: High Risk of Severe Disease or High User
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ED-SCANS DECISION 5
RN/MD: Disposition
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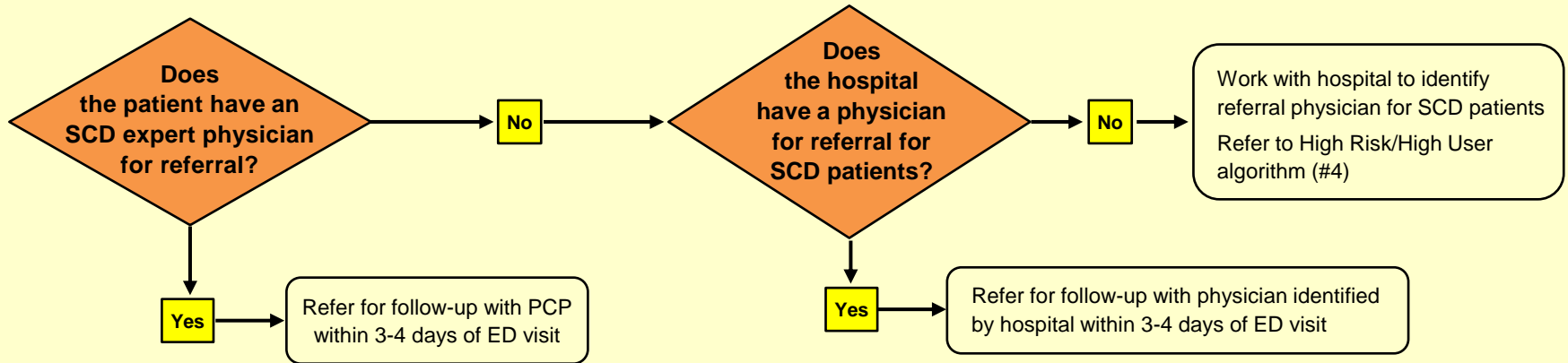


ED-SCANS DECISION 6
MD: Discharge Analgesic Prescriptions
(Patients discharged home from ED only)
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ED-SCANS DECISION 7
MD/RN: Referrals
(Patients discharged home from ED only)
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PCP or SCD Expert



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Psychosocial Services

