

# What starts your pain - Sickle cell disease

This handout lists things that may start your pain. It also gives tips that may prevent or cut down your pain. Talk to your doctor about how to care for your pain.

## Hot and cold temperatures

- Try not to get too hot or too cold.
- On hot days, dress lightly.
- On cold days, wear warm clothes.
- Do not swim in cold water.
- Do not take very hot baths or showers.

## Infections

- Stay away from people who are sick with colds or the flu.
- Wash your hands several times a day. Use hand sanitizer if there is no soap and water.
- Do not share personal items (like toothbrushes, forks, spoons, or straws).
- Treat any infection or skin sores right away.
- Stay away from pets and animal waste.
- Get a flu shot every year.

## Not drinking enough fluids

- You may need to drink 12 to 16 glasses of fluid a day. Ask your doctor how much fluid you should have a day.
- You may need more fluid:
  - When you exercise
  - During warm weather
  - If you have a fever
  - In a sickle cell crisis

- Avoid alcohol and caffeine.

### **Not enough oxygen**

- There is less oxygen at high altitudes. Let your body slowly get used to high altitudes or use oxygen. High altitudes happen when:
  - Flying
  - Mountain climbing
  - Visiting cities at a high altitude
- Less oxygen may be in the blood when exercising hard. Get rest and pace yourself when you exercise.
- Smoking may cause less oxygen in the blood. Do not smoke.

### **Stress or worry**

- Try to get enough sleep every night.
- Try to stay calm and relaxed.
- Talk to your family or friends about what worries you.

### **Female periods (menses)**

- You may have more pain during your period (menses).
- Take ibuprofen if your doctor says it is OK.

This information is general in nature and may not apply to you or your condition. Talk to your doctor or nurse about how to best use this information and how to take care of your medical condition. Be sure to ask your doctor or nurse any questions you might have. This information sheet is not intended to provide or replace professional medical advice, diagnosis, or treatment.

**Patient or Caregiver:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Nurse:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_