

Hospital Protocol RSD/CRPS Patients: Handle With Care!

The Joint Commission on Accreditation of Healthcare Organizations has mandated the healthcare institutions that they accredit to assess and treat your pain. Pain is now to be assessed as the fifth vital sign. Patients have the right to demand pain control and to be pain free.

Reflex Sympathetic Dystrophy (RSD) also known as Complex Regional Pain Syndrome (CRPS) is a chronic condition characterized by severe burning pain, pathological changes in bone and skin, excessive sweating, tissue swelling and extreme sensitivity to touch. People afflicted with RSD/CRPS are extraordinarily sensitive to certain stimuli, such as touch, movement, and injections.

Patient Tips

1. Bring a written copy of your medication regime. It is important to verify whether your medication regime can be taken care of solely through use of the hospital's pharmacy. Some medications may not be part of the hospital's formulary.
2. Avoid having ice applied to the RSD affected limb.
3. Instruct all hospital staff to always ask before touching you!
4. Request that the surgery protocols be adjusted so that the pre-op have be done after anesthesia (catheter is in place for epidural or whatever). It feels like a lawnmower has been run over your legs when they shave without anesthesia.

Procedures

1. Whenever possible patient should be in a quiet part of the hospital
2. In a semi-private room, patient should be in the second bed to avoid inadvertent bumping
3. A Zone-Air bed should be used (adjust mattress pressure to patient preference)
4. Heat and air conditioning should be well regulated
5. Standing orders should be issued for patients to have warm blankets
6. Foot Cradle to hold bed linens off body area (will diminish tactile stimuli)
7. Frequent linen changes may be necessary due to hyperhidrosis (increased sweating)
8. Allow family members to bring in clean sheet and pillowcases for patient. Hospital sheets are not soft and can irritate the skin.
9. Place a sign above bed designating affected limb

Procedures

1. Perform a phlebotomy on unaffected limb only.
2. Avoid needle stick injuries as far as possible – combine a blood test from different physicians into one procedure.
3. Ask that the thinnest needle possible be used.
4. Use a topical numbing cream (EMLA® or Synera® patch).
5. Let them know that the veins are 'difficult'. CRPS patients have thin and friable veins.
6. Some individuals with CRPS are very sensitive to the pressure and temperature change of an IV flow and will greatly benefit from a slow infusion. Consider adding a small amount of EMLA over the IV site under the dressing and a strip of Lidoderm patch over the IV site to blunt the pain of the infusion.
7. Ask for the most experienced person to insert IV or blood draw.
8. Warm Alcohol or Betadine wipes with warm running water on outside of package before opening package (these wipes can be very cold to the patient).
9. If PICC site is available, see if blood can be obtained from PICC instead of using vena puncture technique.

Blood Pressure and Pulse Rate

1. Use cuff on unaffected limb only
2. Use thigh cuff if both upper extremities are affected

Transport

1. Ask what kind of help the patient needs when transferring to a stretcher or wheelchair (simply touching arms or legs may cause hyperalgesia)
2. Use extreme care over bumps, such as elevator doorways

Feeding

1. Be careful not to touch patient extremities with bedside

Patient Identification

1. Place limb alert bracelet on affected limb(s)
2. Place red dot sticker on patient chart.



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