

# Emergency Department Protocol for Patients with Complex Regional Pain Syndrome (CRPS)

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 contact info and phone number of treating pain physician and permission to contact him/her by cell phone if necessary.
2. Bring your insurance card.
3. Bring a letter from your physician or pain specialist that states you are under care, a description of the pain condition and any other conditions you have been diagnosed with such as diabetes or a heart condition, and how it is being managed. Bring a list of medications and dosages you are taking.
4. Avoid having ice applied to the CRPS-affected limb.
5. Instruct all hospital staff to always ask before touching you!
6. Request a standing order for warm blankets.
7. Request to have family members bring clean sheets and pillowcases for you. Hospital sheets are not soft and can irritate the skin.
8. If possible, place a sign above bed designating affected limb.
9. Be patient with the caregivers. Remember, you are a stranger to them. When you are in pain, this is a hard thing to ask, but becoming angry with your caregiver may alienate them, increase their suspicions of your motives, and lessen the chances that your treatment will be successful.

## Procedures

1. Perform a phlebotomy on unaffected limb only.
2. Use pediatric needles (any trauma can cause the spread of CRPS to a new site).

3. 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).
4. 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. If possible, place red bracelet on unaffected limb and place red dot sticker on patient chart.



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