required admission and resulted in a total length of stay of 1474 hospital days and 49 ICU days. Attendance at a hemat-
ology outpatient clinic within 30 days from discharge signifi-
cantly reduced the hazard of an ED visit due to a painful crisis compared with no follow-up (hazard ratio 0.70, 95% CI
0.52–0.94, p=0.02).

Conclusion Appropriate outpatient referral at discharge may be associated with decreased ED visits. These benchmark results invite further investigation into the effects of outpatient management on preventing painful crises in patients with SCD.

Opioid consumption:
- Consumption of opioids decreased by 33% for meperidine 100 mg and by 41.6% for meperidine 50 mg. Consumption significantly decreased by 54% for tramadol capsules and by 33% for tramadol injection.

Cost saving:
- The cost saved after implementation of the clinical pathway is more than 410,709 SR.

Conclusion Proper pain management for patients with SCD leads to a significant decrease in ED visits, and reduces hospital admissions and readmission rates. Consequently, more than 400,000 SR was saved after the implementation of the pathway. We believe that physicians, nurses, and patient education sessions played a critical role in the success of the clinical pathway.

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