Sickle Cell Disease and/or Asplenia with Fever or Acute Illness ED/Clinic Management Greater than 1 month old	K07002307 Jun/7/2002 M SCA,TEST Visit ER0000145/12 HCN: 22222222 Van den Hof, TEST / TEST, Maureen Dec/8/2011
Patient:	
□Alert Record Reviewed □No Allergies Known	
□Allergies-Adverse Reactions-Cautions:	
Age Patient's Weightkg Date of Pat	tient's Weight
DIAGNOSIS:	
Items preceded by a bullet (•) are active orders. Items preceded by a c Refer to APPHON website for the link to the CanHaem Consensus cell disease in Canada (<u>https://www.apphon-rohppa.com/en/guide</u>	Statement on the care of patients with sickle
LAB/INVESTIGATIONS	
Within 30 minutes of arrival:	a antibiotics boyand 60 minutas from time of arrival
 Blood culture (ideally before giving antibiotics, but do not delay giving CBCD, reticulocyte count, Na⁺, K⁺, BUN, creatinine, ALT, AST, bilirut Blood gas, lactate if hemodynamically unstable Urinalysis Urine culture Chest X-ray (AP and Lateral) DNPA (PCR) for: Influenza/RSV □Extended viral panel (ID appro COVID19 (if extended viral panel not available) 	bin (total and direct), blood glucose
□Throat swab for mycoplasma □Lumbar puncture □Other	
MONITORING	
 If unstable, place on continuous monitor. Otherwise, BP, HR, RR Te then every four hours Keep oxygen saturation above 93%. Apply oxygen and notify most r 	
DIFLUIDS	
If acute chest syndrome is suspected: □NaCl 0.9% (3/4 x maintenance rate; maximum 150 mL/hour) Otherwise:	_mL/hour IV or oral equivalent
□NaCI 0.9% (1 1/2 x maintenance rate; maximum 150 mL/hour)	mL/hour IV or oral equivalent
MEDICATIONS Start Antibiotics within 60 minutes of arrival at hospital and call Pediatric empiric antibiotic administration. Do NOT wait for CBC results. If patien cefTRIAXone, consult patient's pediatric hematologist/oncologist.	
For all patients with fever and/or acute illness:	
□cefTRIAXone (100 mg/kg/dose, maximum 2000 mg/dose) * If unable to get IV access after 3 attempts or 45 minutes, use IM ro preferred diluent to use for reconstitution for IM injection is 1% lidoca	oute for initial dose (patients greater than 5 kg, the
If suspected atypical pneumonia and greater than 5 years old (con DADD clarithromycin (7.5 mg/kg/dose, maximum 500 mg/dose)	
 Suspected meningitis: ADD vancomycin (in addition to cefTRIAXone) □Less than 12 years of age: vancomycin (15 mg/kg/dose, maximum □12 years of age and older: vancomycin (15 mg/kg/dose, maximum 	n 1000 mg/dose)mg IV q6h n 1000 mg/dose)mg IV q8h
DISPOSITION	
□Discharge Home with follow-up in 12 to 24 hours after discharge Appointment date and timeLoca □Admit/Transfer toand refer to APPHON Inpati	ation
□Admit/Transfer toand refer to APPHON Inpati	ent Sickle Cell Order Set
DATE (yyyy/MON/dd) Time (24hr/hh:mm) Prescriber Signature	Printed Surname/Registration #
DATE (yyyy/MON/dd) Time (24hr/hh:mm) Verified By (Signature)	Printed Surname
Note: Page 2 Clinician Information	



Algorithm for the Management of Children Greater than 1 month old or with Sickle Cell Disease and/or Asplenia with Fever or Acute Illness



Admission Criteria (list is not exclusive)			
Patient Factors	Environmental	Clinical	Investigations
 Age less than 1 year Prophylaxis indicated but patient not compliant History of invasive pneumococcal infection Patient on chronic transfusion therapy for stroke 	 No reliable method of contact Lives more than 45 minutes away from nearest ED Unable to return in 12 to 24 hours for reassessment 	 Temperature greater than 39.5° C Dehydration Abnormal vital signs Toxic appearing Signs of meningitis Suspected acute chest syndrome Any concerning features 	 WCB greater than 30 x 10⁹/L ANC less than 0.5 x 10⁹/L Hgb less then 60 g/L Plt less than 100 x 10⁹/L Urinalysis positive for blood, nitrates, or leukocyte estrase Infiltrates on chest Xray

If patient has history of penicillin allergy (including anaphylaxis to penicillin), IV cefTRIAXone can still be used safely.
 Due to the small risk of reaction, observe the patient

• If patient has history of cefTRIAXone allergy or reactions, consult with patient's hematologist/oncologist and/or refer to patient's chart if a pre-made plan is in place