

Definitions

Fever

- Temperature taken at home by parent **MUST** be taken into account
- Mouth/Ear
 - 38.3°C & over- 1 reading
 - 38°C & over – 2 readings 1 hour apart
- Armpit (Axilla)
 - 37.8°C & over- 1 reading
 - 37.5°C & over – 2 readings 1 hour apart

Immediate assessment:

- Source of infection: consider meningitis, AOM, osteomyelitis, etc.

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Patient Information

Please Fax assessment and treatment documents to **902-470-7208**

Name: _____

DOB: _____ (dd/mm/yyyy)

Diagnosis: _____

Co-morbidities: _____

Antibiotic Prophylaxis: _____

Other Medications: _____

Prescriber: _____

Date: _____ (dd/mm/yyyy)

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Guidelines for Emergency Management of ACUTE ILLNESS OR FEVER in Children with Asplenia or Hyposplenia

Treat Promptly!



Atlantic Provinces Pediatric Hematology
Oncology Network
Réseau d'Oncologie Hématologie Pédiatriques des
Provinces Atlantiques
(APPHON/ROHPPA)

Version Date: May 2021

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Fever and/or acute illness in children and youth with asplenia or hyposplenia can be *life threatening* and must be *treated promptly*. Overwhelming bacterial infection is a significant risk in patients with no splenic function or absent spleen (asplenia) or a dysfunctional spleen (functional asplenia/hyposplenia).

Assessment

1. **Triage as a Level 2**
2. Stabilize child
3. Draw CBC, diff, lactate, blood culture stat within **30 mins**
4. Establish vascular access
5. Start antibiotics within **60 mins**
 - **DO NOT WAIT FOR CBC RESULTS**
 - If hemodynamically stable, a **maximum of 3 attempts** to insert an IV cannula; if unsuccessful, IM ceftriaxone should be given using the reconstitution guidelines to include lidocaine (without epinephrine) for those over 5 kg
 - Refer to **pre-printed orders and algorithm** for guidance
6. Referral to nearest emergency department as clinical deterioration can be sudden

START ANTIBIOTICS IMMEDIATELY!

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START ANTIBIOTICS IMMEDIATELY!

Treatment

Refer to guidelines and use pre-printed orders at www.apphon-rohppa.com

KNOWN ALLERGIES: _____

NOTE: These recommendations do NOT change for those with a penicillin allergy

If meningitis in NOT suspected:

cefTRIAxone 100 mg/kg/dose IV/IM q24h (max 2000 mg/dose)

If greater than 5 years old and suspected atypical pneumonia:

clarithromycin 7.5 mg/kg/dose PO BID (maximum 500 mg/dose)

Suspected meningitis:

cefTRIAxone 100 mg/kg/dose IV x 1 (max 2000 mg/dose), then 12 hours later

50 mg/kg/dose IV q12h (max 2000 mg/dose)

vancomycin

➤ **Less than 12 years of age:** vancomycin 15 mg/kg/dose IV q6h (max 1000 mg/dose)

➤ **12 years of age and older:** vancomycin 15 mg/kg/dose IV q8h (max 1000 mg/dose)

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