Guidelines for Emergency Management of Fever or Acute Illness in Children with Asplenia or Hyposplenia

Treat Promptly!

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

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Treat Promptly!

Initial treatment of suspected sepsis

Fever (≥ 38.3°C orally/tympanic or ≥ 37.8°C axillary) in asplenic or hyposplenic children warrants **immediate** medical intervention in the following order:

1. Stabilize child
2. Draw CBC, diff, lactate, blood culture stat within **30 mins**
3. Establish vascular access
4. Start antibiotics within **60 mins**
    a. Do not wait for CBC results
    b. Refer to **pre-printed orders and algorithm** for guidance
5. Referral to nearest emergency department as clinical deterioration can be sudden

START ANTIBIOTICS IMMEDIATELY!

Definitions

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).

Antibiotic Treatment

For patients > 2 months old:

- Ceftriaxone – 100 mg/kg/day IV q24h
  (maximum 2 g/dose)

*If patient is suspected to have **meningitis,** add:*

- Vancomycin – 50 mg/kg/day IV q6h
  (maximum 1 g/dose)

*If patient is suspected to have **mycoplasma,** add:*

- Clarithromycin – 15 mg/kg/day po BID (maximum 500mg/dose)

For patients < 2 months old:
see Asplenia/Hyposplenia Fever Orders

Call Paediatric Haematologist-Oncologist On-Call within 1 HOUR of presentation to discuss management **902-470-8888 or 1-888-470-5888 (toll free)**

Name of Tertiary Centre: _____

Phone number: _____

For further information see the Asplenia Guideline on the APPHON/ROHPPA website:
http://www.apphon-rohppa.com/Guidelines

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

Patient Information

Name: _____

DOB: _____(dd/mm/yyyy)

Diagnosis: _____

Co-morbidities: _____

Allergies: _____

Antibiotic Prophylaxis: _____

Other Medications: _____

Date: _____(dd/mm/yyyy)

Prescriber: _____