

**Guidelines for Emergency Management of Fever or Acute Illness in Children with
Sickle Cell Disease**

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 ($\geq 38.3^{\circ}\text{C}$ orally/tympanic or $\geq 37.8^{\circ}\text{C}$ axillary) in Sickle Cell 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!

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 Sickle Cell Fever Orders

Call PediatricHaematologist-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 Sickle Cell Guideline on the APPHON/ROHPPA website:
<http://www.apphon-rohppa.com/Guidelines>

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

Definitions

Fever and/or **acute illness** in children and youth with Sickle Cell Disease 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).

For Sickle Cell Pain Crisis or Acute Chest syndrome see the APPHON/ROHPPA website:
<http://www.apphon-rohppa.com/en/guidelines/sickle-cell-guidelines> → **Sickle Cell guideline and Pre-printed Orders**

Patient Information

Name: _____

DOB: _____(dd/mm/yyyy)

Diagnosis: _____

Co-morbidities: _____

Allergies: _____

Antibiotic Prophylaxis: _____

Other Medications: _____

Date: _____(dd/mm/yyyy)

Prescriber: _____