

# 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 ( $\geq 38.3^{\circ}\text{C}$  orally/tympanic or  $\geq 37.8^{\circ}\text{C}$  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 **709-777-6300**

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 **709-777-4941**

## Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_(dd/mm/yyyy)

Diagnosis: \_\_\_\_\_

Co-morbidities: \_\_\_\_\_

Allergies: \_\_\_\_\_

Antibiotic Prophylaxis: \_\_\_\_\_

Other Medications: \_\_\_\_\_

Date: \_\_\_\_\_(dd/mm/yyyy)

Prescriber: \_\_\_\_\_