ASPLENIA/HYPOSPLENIA FEVER ORDERS

(adapted with permission from the IWK Health Centre June 2017)

Patient: _____

Age: ____ Wt: _____ kg Date of Wt (dd/mm/yyyy): _____

Allergies: _____

The following orders will be carried out by a licensed healthcare professional **ONLY ON THE AUTHORITY OF AN APPROVED PRESCRIBER. Where choice occurs, check as appropriate.**

Refer to APPHON Guidelines for prevention and empiric therapy of bacterial infections for children with asplenia and hyposplenia. For Infants less than 1 month - refer to IWK Dosing Guidelines.

Required Evaluations	CBC with Differential and baseline lactate level within 30 minutes of arrival and then daily CBC with Differential Daily Na, K, Cl, BUN, creatinine, ALT, AST, BILITD venous/cap blood gas, reticulocyte count Blood cultures prior to administration of antibiotics if possible
	Please check as appropriate
Optional Evaluations	❑ Urinalysis ❑ Urine Culture ❑ NP (PCR) swab for ❑ Influenza, ❑ RSV, ❑ Adenovirus, ❑ Other _____ ❑ Throat swab for mycoplasma ❑ Chest X-ray ❑ LP if suspicion of meningitis and if patient is hemodynamically stable ❑ Other: _____
Vital Signs	Every hour until stable, then q4h and within 30 minutes prior to leaving the hospital

- **Start Antibiotics and call Pediatric Oncologist within 60 minutes of arrival at hospital.**
  Do NOT wait for CBC results before starting antibiotics. If patient has had a confirmed anaphylactic reaction to beta-lactam antibiotics consult Infectious Diseases. NEVER delay treatment due to an allergy but be prepared to treat a reaction.

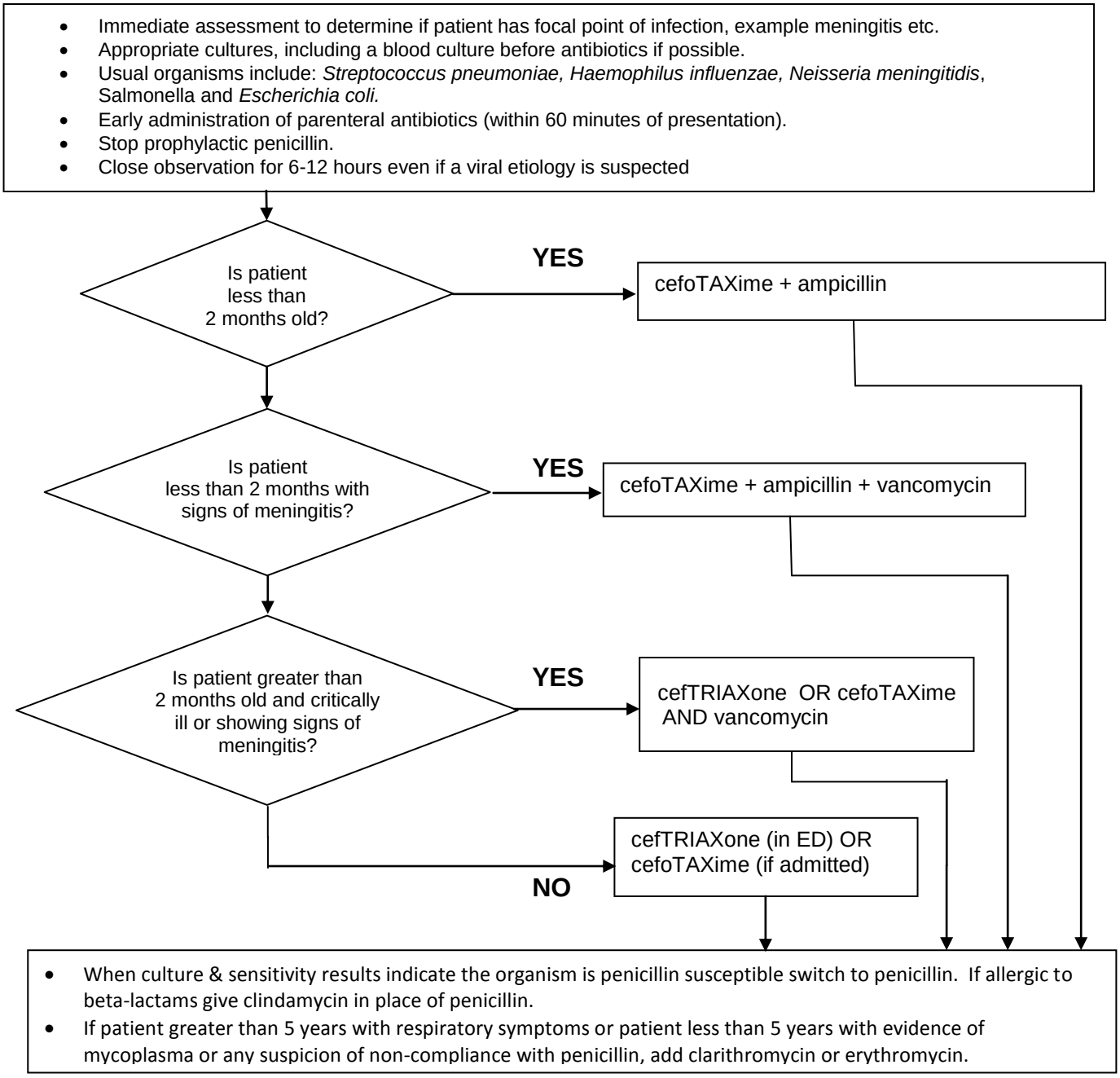
Treatment	
Hydration	IV D5W + 0.9% NaCl at 1 ½ x maintenance = _____ mL/hour (up to 150 mL/hour) or oral equivalent
❑ Infant 1-2 months	Ampicillin _____ mg IV q6h (100-200 mg/kg/24 h, maximum 4 g/24 h) AND
	cefoTAXime _____ mg IV q8h (100-200 mg/kg/24 h, maximum 2 g/dose and 12 g/24 h)
❑ Infant 1-2 months with suspicion of meningitis	Ampicillin _____ mg IV q6h (200-400 mg/kg/24 h, maximum 12 g/24 h) AND
	cefoTAXime _____ mg IV q8h (200 mg/kg/24 h, maximum 2 g/dose and 12 g/24 h)
	❑ If CSF shows positive gram cocci ADD Vancomycin _____ mg IV q6h (50 mg/kg/24 h, maximum 1 g/dose and maximum 4 g/24 h) Drug levels pre 4th dose (target 5-15 micrograms/mL)
❑ Infant and child greater than 2 months	In Emergency Department ❑cefTRIAXone_____mg IV q24h (100 mg/kg/24h, maximum 2 g/dose)
	If admitted ❑cefoTAXime_____mg IV q8h (100-200 mg/kg/24h, maximum 2 g/dose and 12 g/24 h)
	❑ If suspected meningitis ADD Vancomycin_____ mg IV q6h (50 mg/kg/24 h, maximum 1 g/dose and maximum 4 g/24 h) Drug levels pre 4th dose (target 5-15 micrograms/mL)
❑ If patient is suspected to have mycoplasma ADD Clarithromycin_____ mg PO q12h (15 mg/kg/24 h, maximum 500 mg/dose)	

_____	_____	_____	_____
DATE (dd/mm/yyyy)	Time (24hr/hh:mm)	Prescriber Signature	Printed Surname/Registration#
_____	_____	_____	_____
DATE (dd/mm/yyyy)	Time (24hr/hh:mm)	Verified By (Signature)	Printed Surname

Note: Page 2 Clinician Information Only

Algorithm for the Management of Asplenia Patients with Fever or Acute Illness*

(adopted with permission from the IWK Health Centre)



* Where intermediate and high penicillin-resistant penumococci are prevalent, use a combination cefoTAXime + Vancomycin. If treated with vancomycin, adjust dosage if abnormal renal function and with levels.
Local infections, example tonsillitis and impetigo, can be treated with penicillin; otitis media with amoxicillin.
Antibiotic treatment should be modified depending on culture results.

Antibiotic dosing:

- 2 month old - vancomycin 50 mg/kg/24 h IV q6h (maximum 1 g/dose; 4 g/24 h),cefTRIAXone 100 mg/kg/24 h IV q12-24h (maximum 2 g/dose). cefoTAXime 100-200 mg/kg/24 h IV q8h (maximum 2g/dose and 12 g/24 h).
- Clarithromycin 15 mg/kg/24 h PO q12h (maximum 500 mg/dose).
- Erythromycin 40 mg/kg/24 h IV q6h (maximum 4 g/24 h).
- Clindamycin 40 mg/kg/24 h IV q8h (maximum 4.8 g/24 h).

If patient has a confirmed anaphylactic penicillin reaction consult ID.

- **Possible alternatives include meropenem.**

NEVER delay treatment due to an allergy BUT be prepared to treat reaction