SICKLE CELL 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 the Management of Sickle Cell Disease.
For Infants less than 1 month - refer to IWK Dosing Guidelines.

Required Evaluations	CBC and Differential and baseline lactate level within 30 minutes of arrival and then daily CBC and 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 Maintain O_2 saturation greater than or equal to 93% Physical Exam: include cardiopulmonary status, neurologic exam, spleen size
	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
Other	Quiet activities x 24 h and normal diet (avoid very cold drinks and caffeine)

- **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 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 2g/dose and 12 g/24h)
	❑ If suspected meningitis ADD Vancomycin_____ mg IV q6h (50 mg/kg/24h) (Maximum 1 g/dose and 4 g/24h) 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/24h Maximum 500 mg/dose)	
If infant less than 2 months see algorithm on reverse for management.	

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

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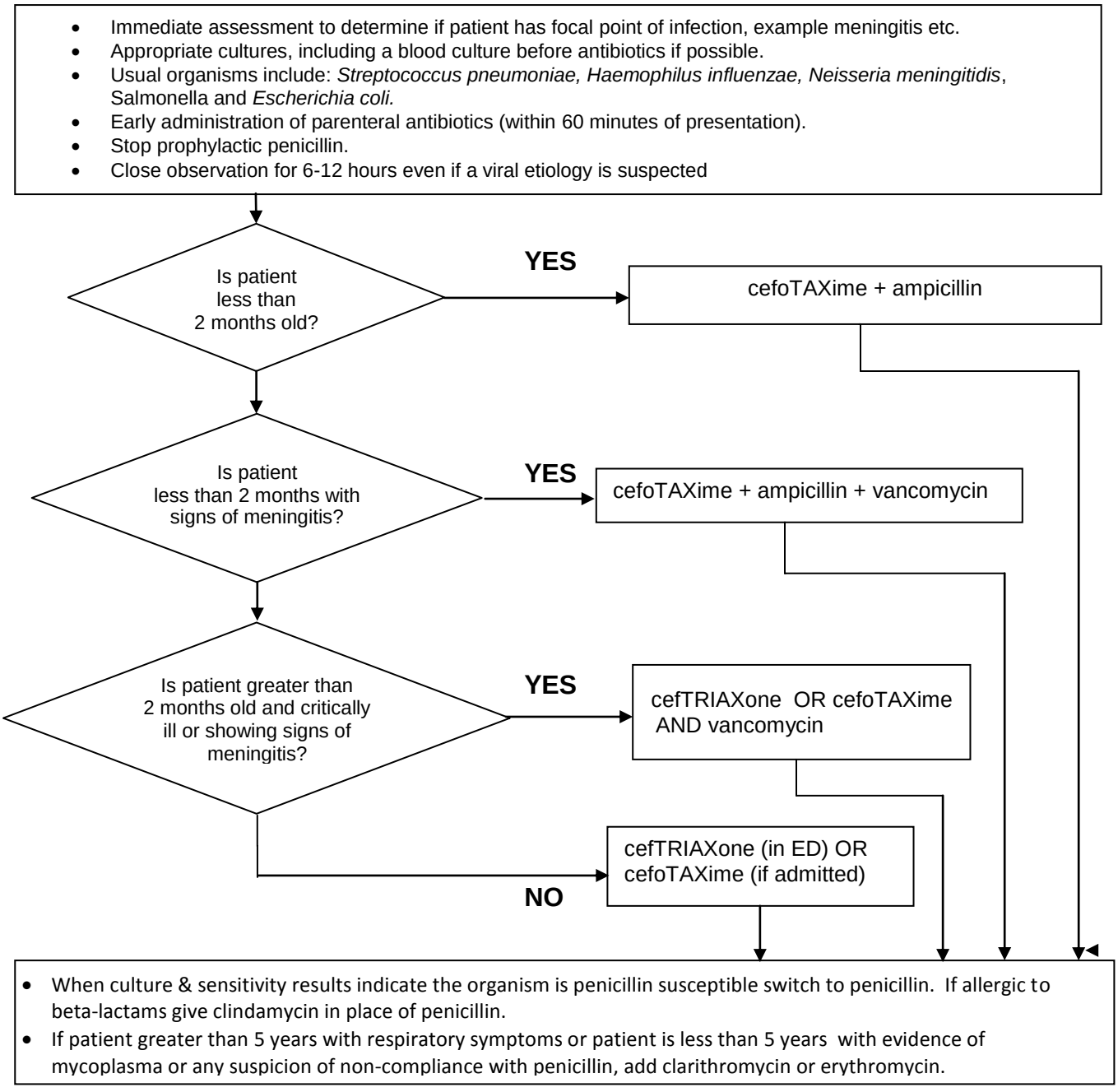
Algorithm for the Management of Sickle Cell Patients with Fever or Acute Illness*



* 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