

Sickle Cell Disease and/or Asplenia with Fever or Acute Illness ED/Clinic Management Greater than 1 month old

K07002307 Jun/7/2002 M SCA,TEST Visit ER0000145/12 **HCN:** 22222222

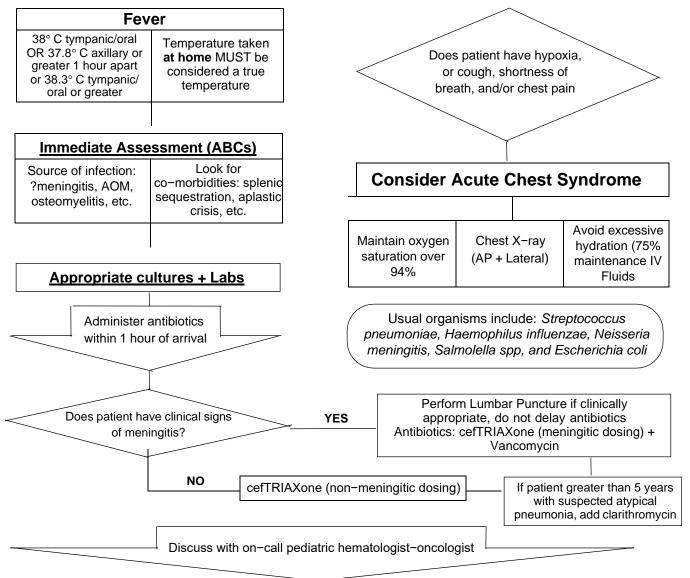
ER0000145/12 **HCN:** 22222222 Van den Hof, TEST / TEST, Maureen Dec/8/2011

Patient:			<u> </u>
	eviewed □No A	-	
		ions:	
-	_	_	Date of Patient's Weight
DIAGNOSIS:			
Refer to APPHON wo cell disease in Cana	ebsite for the link ada (https://www.a	to the CanHaem C	eded by a checkbox () are only actioned if checked (\sqrt) consensus Statement on the care of patients with sickle m/en/guidelines/sickle-cell-guidelines)
LAB/INVESTIGATIO			
 CBCD, reticulocyt □Blood gas, lacta □Urinalysis □Chest X-ray (Al 	ally before giving ar e count, Na+, K+, Bl ate if hemodynamica □Urine culture P and Lateral) □Influenza/RSV I	JN, creatinine, ALT, ally unstable	delay giving antibiotics beyond 60 minutes from time of arrival , AST, bilirubin (total and direct), blood glucose nel (ID approval required) available)
□Throat swab for □Lumbar punctur □Other			
MONITORING			
 If unstable, place then every four ho 	ours		HR, RR Temp and pulse oximetry every hour until stable, notify most responsible prescriber and respiratory therapist
DIET/FLUIDS			
If acute chest syndro	me is suspected:		
	x maintenance rate	; maximum 150 mL/	/hour)mL/hour IV or oral equivalent
Otherwise: □NaCl 0.9% (1 1/	/2 x maintenance ra	te; maximum 150 m	nL/hour)mL/hour IV or oral equivalent
	ministration. Do NO	T wait for CBC resu	call Pediatric Hematologist/Oncologist. NEVER delay lts. If patient has had a confirmed anaphylactic reaction to logist.
For all patients with	n fever and/or acut	e illness:	
□cefTRIAXone (1 * If unable to get I	00 mg/kg/dose, ma V access after 3 att	ximum 2000 mg/do empts or 45 minute	rse)mg IV/IM* q24h rs, use IM route for initial dose (patients greater than 5 kg, the is 1% lidocaine without epinephrine as per IWK DDG)
			rs old (consult ID for children 5 years and under) g/dose)mg/PO BID (in addition to cefTRIAXone)
	(in addition to cefTF ears of age: vancon	nycin (15 mg/kg/dos	se, maximum 1000 mg/dose)mg IV q6h e, maximum 1000 mg/dose)mg IV q8h
DISPOSITION			
□Discharge Hom		12 to 24 hours after	
Appointment da	te and time		Location
□Admit/Transfer	to	and refer to APF	Location PHON Inpatient Sickle Cell Order Set
DATE (yyyy/MON/dd)	Time (24hr/hh:mm)	Prescriber Signature	Printed Surname/Registration #
DATE (yyyy/MON/dd)	Time (24hr/hh:mm)	Verified By (Signatu	re) Printed Surname

Note: Page 2 Clinician Information



Algorithm for the Management of Children Greater than 1 month old or with Sickle Cell Disease and/or Asplenia with Fever or Acute Illness



Admission Criteria (list is not exclusive)					
Patient Factors	Environmental	Clinical	Investigations		
 Age less than 1 year Prophylaxis indicated but patient not compliant History of invasive pneumococcal infection Patient on chronic transfusion therapy for stroke 	No reliable method of contact Lives more than 45 minutes away from nearest ED Unable to return in 12 to 24 hours for reassessment	Temperature greater than 39.5° C Dehydration Abnormal vital signs Toxic appearing Signs of meningitis Suspected acute chest syndrome Any concerning features	WCB greater than 30 x 10 ⁹ /L ANC less than 0.5 x 10 ⁹ /L Hgb less then 60 g/L Plt less than 100 x 10 ⁹ /L Urinalysis positive for blood, nitrates, or leukocyte estrase Infiltrates on chest Xray		

- If patient has history of penicillin allergy (including anaphylaxis to penicillin), IV cefTRIAXone can still be used safely.
 - Due to the small risk of reaction, observe the patient
- If patient has history of cefTRIAXone allergy or reactions, consult with patient's hematologist/oncologist and/or refer to patient's chart if a pre-made plan is in place