

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

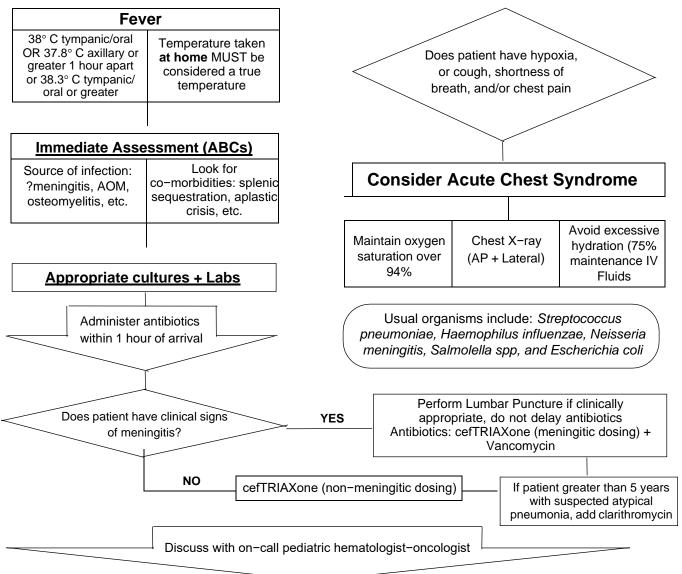
K07002307 Jun/7/2002 M SCA,TEST Visit ER0000145/12 HCN: 22222222 Van den Hof, TEST / TEST, Maureen Dec/8/2011

Patient:	
□Alert Record Reviewed □No Allergies Known	
□Allergies-Adverse Reactions-Cautions:	
Agekg Date of Patient's V	Veight
DIAGNOSIS:	
Items preceded by a bullet (•) are active orders. Items preceded by a checkbo Refer to APPHON website for the link to the CanHaem Consensus Statem cell disease in Canada (https://www.apphon-rohppa.com/en/guidelines/size	ent on the care of patients with sickle
Within 30 minutes of arrival: • Blood culture (ideally before giving antibiotics, but do not delay giving antibiotics) • CBCD, reticulocyte count, Na ⁺ , K ⁺ , BUN, creatinine, ALT, AST, bilirubin (total Blood gas, lactate if hemodynamically unstable □Urinalysis □Urine culture □Chest X−ray (AP and Lateral) □NPA (PCR) for: □Influenza/RSV □Extended viral panel (ID approval red □COVID19 (if extended viral panel not available) □Throat swab for mycoplasma □Lumbar puncture □Other	l and direct), blood glucose
MONITORING	
 If unstable, place on continuous monitor. Otherwise, BP, HR, RR Temp and then every four hours Keep oxygen saturation above 94%. Apply oxygen and notify most responsi 	
DIET/FLUIDS If acute chest syndrome is suspected: □NaCl 0.9% (3/4 x maintenance rate; maximum 150 mL/hour)mL/ho Otherwise: □NaCl 0.9% (1 1/2 x maintenance rate; maximum 150 mL/hour)mL/h	•
MEDICATIONS Start Antibiotics within 60 minutes of arrival at hospital and call Pediatric Hema empiric antibiotic administration. Do NOT wait for CBC results. If patient has he cefTRIAXone, consult patient's pediatric hematologist/oncologist.	
For all patients with fever and/or acute illness: □cefTRIAXone (100 mg/kg/dose, maximum 2000 mg/dose)mg * If unable to get IV access after 3 attempts or 45 minutes, use IM route for preferred diluent to use for reconstitution for IM injection is 1% lidocaine with	initial dose (patients greater than 5 kg, the
If suspected atypical pneumonia and greater than 5 years old (consult ID □ADD clarithromycin (7.5 mg/kg/dose, maximum 500 mg/dose)	for children 5 years and under)
Suspected meningitis: • ADD vancomycin (in addition to cefTRIAXone) □Less than 12 years of age: vancomycin (15 mg/kg/dose, maximum 1000 □12 years of age and older: vancomycin (15 mg/kg/dose, maximum 1000)	mg/dose)mg IV q6h
DISPOSITION □ Discharge Home with follow-up in 12 to 24 hours after discharge Appointment date and time Location	
Appointment date and timeLocation \[\text{Location} \] \[\text{Admit/Transfer to} \] \[\text{Location} \] \[\text{and refer to APPHON Inpatient Sic} \]	kle 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 (Signature)	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