



**Sickle Cell Disease and/or Asplenia  
with Fever or Acute Illness  
Greater than 1 month old Pediatric  
Admission Orders**

K07002307 Jun/7/2002 M  
SCA,TEST Visit  
ER0000145/12 HCN: 22222222  
Van den Hof, TEST / TEST,  
MaureenDec/8/2012

Patient: \_\_\_\_\_

Alert Record Reviewed      No Allergies Known

Allergies-Adverse Reactions-Cautions: \_\_\_\_\_

Age \_\_\_\_\_ Patient's Weight \_\_\_\_\_ kg      Date of Patient's Weight \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

Items preceded by a **bullet (•)** are active orders. Items preceded by a **checkbox ( )** are only actioned if checked (✓)  
**Refer to APPHON website for the link to the CanHaem Consensus Statement on the care of patients with sickle cell disease in Canada (<https://www.apphon-rohppa.com/en/guidelines/sickle-cell-guidelines>)**

**GENERAL**

• Admit to \_\_\_\_\_      Admitting physician: \_\_\_\_\_

**ACTIVITY**

Activity \_\_\_\_\_      Incentive Spirometry \_\_\_\_\_

**DIET/FLUIDS**

Diet as tolerated      Diet \_\_\_\_\_

• Avoid very cold drinks and caffeine, if in pain

NaCl 0.9% (1 1/2 x maintenance rate; maximum 150 mL/hour) \_\_\_\_\_ mL/hour IV or oral equivalent

NaCl 0.9% (3/4 x maintenance rate; maximum 150 mL/hour) \_\_\_\_\_ mL/hour IV or oral equivalent if acute chest syndrome is suspected

**MONITORING**

• BP, HR, RR, Temp every hour until stable, then every 4 hours

Intermittent pulse oximetry monitoring every hour until stable, then every 4 hours.

Continuous pulse oximetry

• Keep oxygen saturation above 94%. Apply oxygen and notify most responsible prescriber and respiratory therapist

**LAB/INVESTIGATIONS**

• Blood culture and sensitivity if temperature is greater than or equal to 38° C one hour apart or greater than or equal to 38.3° C, or if patient appears unwell

CBCD      daily frequency \_\_\_\_\_

Reticulocyte Count      daily frequency \_\_\_\_\_

Na<sup>+</sup>, K<sup>+</sup>, BUN, creatinine      daily frequency \_\_\_\_\_

ALT, AST, bilirubin (total and direct)      daily frequency \_\_\_\_\_

Blood gas, blood glucose, lactate if hemodynamically unstable

NPA (PCR) for: Influenza/RSV      Extended viral panel (ID approval required)

COVID19 (if extended viral panel not available)

Throat swab for mycoplasma

Other \_\_\_\_\_

**MEDICATIONS**

• Complete APPHON Sickle Cell Disease Pain Admission order set if needed for pain management

***For all patients with fever and/or acute illness:***

cefTRIAxone (100 mg/kg/dose, maximum 2000 mg/dose) \_\_\_\_\_ mg IV/IM\* q24h

\* If unable to get IV access after 3 attempts or 45 minutes, use IM route for initial dose (patients greater than 5 kg, the preferred diluent to use for reconstitution for IM injection is 1% lidocaine without epinephrine as per IWK DDG)

***If suspected atypical pneumonia and greater than 5 years old (consult ID for children 5 years and under)***

ADD clarithromycin (7.5 mg/kg/dose, maximum 500 mg/dose) \_\_\_\_\_ mg PO/BID (in addition to cefTRIAxone)

***Suspected meningitis:***

cefTRIAxone \_\_\_\_\_ mg IV q12h (first dose 100 mg/kg/dose, then 50 mg/kg/dose q12h, maximum 2000 mg/dose)

• ADD vancomycin (in addition to cefTRIAxone). Vancomycin-Pre (trough) level pre 4<sup>th</sup> dose or 5<sup>th</sup> dose

Less than 12 years of age: vancomycin (15 mg/kg/dose, maximum 1000 mg/dose) \_\_\_\_\_ mg IV q6h

12 years of age and older: vancomycin (15 mg/kg/dose, maximum 1000 mg/dose) \_\_\_\_\_ mg IV q8h

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