



**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⁺, K⁺, 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 4th dose or 5th 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