

**Management of Children with  
Sickle Cell Disease and/or Asplenia  
with Fever or Acute Illness  
Greater than 1 month old  
Outpatient Follow Up**

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

- BP, HR, RR Temp and pulse oximetry
- History and physical examination
- Review all test results ordered in emergency department

**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 unwell
  - NPA (PCR) for:  Influenza/RSV     Extended viral panel (ID approval required)
    - COVID19 (if extended viral panel not available)
  - Throat swab for mycoplasma
  - Other \_\_\_\_\_

**MEDICATIONS**

- If 18 to 24 hours after initial dose in emergency department/clinic:  
cefTRIAxone (100 mg/kg/dose, maximum 2000 mg/dose) \_\_\_\_\_ mg IV/IM x 1 dose
- If 12 to 18 hours after initial dose in emergency department/clinic:  
cefTRIAxone (50 mg/kg/dose, maximum 2000 mg/dose) \_\_\_\_\_ mg IV/IM x 1 dose
- *If blood culture is negative at 24 hours, and patient is well, cefTRIAxone may be stopped after dose above.*
- For an identified source of infection (acute otitis media, streptococcal pharyngitis, etc...), oral antibiotics may be used at the discretion and decision of the treating clinician. This should be written as a separate prescription.
- In patients greater than 5 kg, the preferred diluent to use for reconstitution for IM injection is 1% lidocaine without epinephrine as per IWK Drug Information Website)

**FOLLOW-UP/ASSESSMENT**

Location \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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