

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

| Patient:   |                          | <del>-</del>   |
|--|--------------------------|--|
| □Alert Record Reviewed □No   | Allergies Known          |  |
| □Allergies-Adverse Reactions-Cautions  | S:                       |  |
| Age Patient's Weight   | kg [                     | Date of Patient's Weight   |
| DIAGNOSIS:   |                          |  |
| Refer to APPHON website for the link to  | o the CanHaem Co         | ded by a <b>checkbox</b> ( ) are only actioned if checked (√) nsensus Statement on the care of patients with a.com/en/guidelines/sickle-cell-guidelines) |
| GENERAL  |                          |  |
| Admit to   | Admit                    | tting physician:   |
| ·  |                          | enia with Fever or Acute Illness Pediatric Admission Orders  |
| • If uncontrolled pain, refer to APPHON  | Sickle Cell Disease      | Pain Admission Orders - Greater than 6 Months  |
| CONSULTS   |                          |  |
| Respiratory therapy  |                          |  |
| <ul> <li>Respirology for deteriorating patients</li> </ul>   |                          |  |
| Physiotherapy  |                          |  |
| Pediatric Hematologist/Oncologist (to contact to the second | letermine blood trans    | sfusion type)  |
| ACTIVITY   |                          |  |
| □Incentive Spirometry  | bDeep br                 | eathing exercises  |
| DIET/FLUIDS  ☐ Diet as tolerated Diet  |                          |  |
| Avoid very cold drinks and caffeine, if  |                          | <del></del> ,  |
| □ NaCl 0.9% (3/4 x maintenance rate; n   | •                        | ur) ml/hour lV or oral equivalent  |
|  | iaxiiiidiii 130 iiiL/ii0 | ui)mithiodi iv oi orai equivalent  |
| <ul><li>MONITORING</li><li>BP, HR, RR Temp and pulse oximetry</li></ul>  | overy hour until etak    | ole, then every 4 hours  |
| · · · · · · · · · · · · · · · · · · ·  | •                        | tify most responsible prescriber and respiratory therapist   |
| LAB/INVESTIGATIONS   | pply oxygen and not      | iny most responsible presember and respiratory therapist   |
|  | ture is greater than     | or equal to 38° Celsius one hour apart or greater than or  |
| equal to 38.3° Celsius, or if patient app  |                          |  |
| □CBCD  |                          | cy   |
| □Reticulocyte Count  |                          | cy   |
| □Na+, K+, BUN, creatinine  | □daily frequen           | cy   |
| □ALT, AST, bilirubin (total and direct)  |                          | ncy  |
| <ul><li>□Blood gas, blood glucose, lactate if her</li><li>◆ ABO &amp; screen</li></ul>   | nodynamicany unwe        | 7H   |
| ☐Urinalysis ☐Urine Culture   |                          |  |
| □NPA (PCR) for: □Influenza/RSV □ Ex  | tended viral panel (I    | D approval required)   |
| ☐COVID19 (if extended v  |                          | .,   |
| ☐Throat swab for mycoplasma  |                          |  |
| Chest X-ray AP + Lateral   |                          |  |
| Physical Exam: include cardiopulmona      Physical Exam: include cardiopulmona   |                          |  |
| □Doppler studies if pain in lower limbs fo □Other  | r more than 24 hour      | S  |
|  |                          |  |
| MEDICATIONS  | n E kar Ibranafan (4)    | 0 mg/kg/doog mayimum 400 mg/doog)  |
| for pain(maximum 40 mg/kg/24 hours)  | n 5 kg: ibuproten (1)    | 0 mg/kg/dose, maximum 400 mg/dose)mg PO q6h PR   |
| ☐ Infants 1-3 months or less than 5 kg: Il   | nunrafen (5 ma/ka/d      | ose) ma PO a6h PRN   |
| Li manto 1-5 montris di 1655 tilan 3 kg. Il  | Japrolett (5 tilg/kg/a   |  |
| DATE (yyyy/MON/dd) Time (24hr/hh:mm)   | Proceribor Signature     | Printed Surname/Registration #   |
| DATE (yyyy/wow/du) Time (24m/nn.mm)  | resumer signature        | Filineu Sumame/Registration #  |
| DATE (yyyy/MON/dd) Time (24hr/hh:mm)   | Varified By (Signature)  | Printed Surname  |
| DATE (9999/INION/UU) TIITIE (24HI/HH.HIIII)  | vermed by (Signatule)    | r mileu Sumame   |