



Algorithm for the Management of Children Greater than 1 month old or with Sickle Cell Disease and/or Asplenia with Fever or Acute Illness

Fever	
38° C tympanic/oral OR 37.8° C axillary or greater 1 hour apart or 38.3° C tympanic/oral or greater	Temperature taken at home MUST be considered a true temperature

Immediate Assessment (ABCs)	
Source of infection: ?meningitis, AOM, osteomyelitis, etc.	Look for co-morbidities: splenic sequestration, aplastic crisis, etc.

Appropriate cultures + Labs

Administer antibiotics within 1 hour of arrival

Does patient have clinical signs of meningitis?

YES

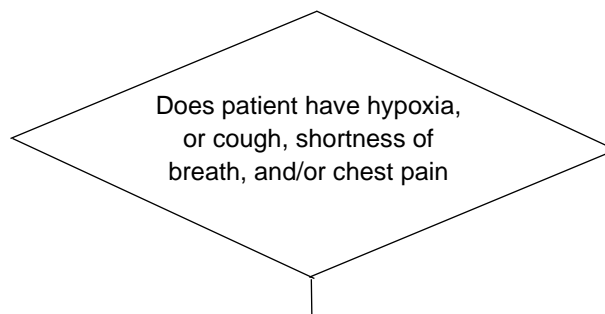
Perform Lumbar Puncture if clinically appropriate, do not delay antibiotics
Antibiotics: cefTRIAxone (meningitic dosing) + Vancomycin

NO

cefTRIAxone (non-meningitic dosing)

If patient greater than 5 years with suspected atypical pneumonia, add clarithromycin

Discuss with on-call pediatric hematologist-oncologist



Consider Acute Chest Syndrome

Maintain oxygen saturation over 93%	Chest X-ray (AP + Lateral)	Avoid excessive hydration (75% maintenance IV Fluids)
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Usual organisms include: *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Neisseria meningitidis*, *Salmonella* spp, and *Escherichia coli*

Admission Criteria (list is not exclusive)

Patient Factors	Environmental	Clinical	Investigations
<ul style="list-style-type: none"> Age less than 1 year Prophylaxis indicated but patient not compliant History of invasive pneumococcal infection Patient on chronic transfusion therapy for stroke 	<ul style="list-style-type: none"> No reliable method of contact Lives more than 45 minutes away from nearest ED Unable to return in 12 to 24 hours for reassessment 	<ul style="list-style-type: none"> Temperature greater than 39.5° C Dehydration Abnormal vital signs Toxic appearing Signs of meningitis Suspected acute chest syndrome Any concerning features 	<ul style="list-style-type: none"> WCB greater than $30 \times 10^9/L$ ANC less than $0.5 \times 10^9/L$ Hgb less than 60 g/L Plt less than $100 \times 10^9/L$ Urinalysis positive for blood, nitrates, or leukocyte esterase 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