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^+, K^+, 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