



**Sickle Cell Disease
Acute Chest Syndrome Orders
Greater than 1 month old**

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: _____
- If fever, refer to APPHON Sickle Cell Disease and/or Asplenia 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
- Respiriology for deteriorating patients
- Physiotherapy
- Pediatric Hematologist/Oncologist (to determine blood transfusion type)

ACTIVITY

Incentive Spirometry _____ Deep breathing exercises

DIET/FLUIDS

Diet as tolerated Diet _____

- Avoid very cold drinks and caffeine, if in pain
- NaCl 0.9% (3/4 x maintenance rate; maximum 150 mL/hour) _____ mL/hour IV or oral equivalent

MONITORING

- BP, HR, RR Temp and pulse oximetry every hour until stable, then every 4 hours
- Keep oxygen saturation above 93%. 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° Celsius one hour apart or greater than or equal to 38.3° Celsius, 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
- ABO & screen
 - Urinalysis Urine Culture
 - NPA (PCR) for: Influenza/RSV Extended viral panel (ID approval required)
 - COVID19 (if extended viral panel not available)
 - Throat swab for mycoplasma
- Chest X-ray AP + Lateral
- Physical Exam: include cardiopulmonary status, neurologic exam, spleen size
 - Doppler studies if pain in lower limbs for more than 24 hours
 - Other _____

MEDICATIONS

- Greater than 3 months and greater than 5 kg: Ibuprofen (10 mg/kg/dose, maximum 400 mg/dose) _____ mg PO q6h PRN for pain(maximum 40 mg/kg/24 hours)
- Infants 1-3 months or less than 5 kg: Ibuprofen (5 mg/kg/dose) _____ mg PO q6h PRN

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 _____