Definitions

Fever

- Temperature taken at home by parent **MUST** be taken into account
- Mouth/Ear
  - 38.3°C & over- 1 reading
  - 38°C & over – 2 readings 1 hour apart
- Armpit (Axilla)
  - 37.8°C & over- 1 reading
  - 37.5°C & over – 2 readings 1 hour apart

Immediate Assessment:

- Source of infection: meningitis, AOM, osteomyelitis, etc.
- Co-morbidities: splenic sequestration, acute chest syndrome, aplastic crisis, etc…
- Vascular access

Patient Information

Please Fax assessment and treatment documents to **902-470-7208**

Name: _____

DOB: _____(dd/mm/yyyy)

Diagnosis: _____

Co-morbidities: _____

Antibiotic Prophylaxis: _____

Vascular access:
☐ level of difficulty unknown
☐ Not known to be difficult
☐ Extremely challenging

Prescriber: _____

Date: _____(dd/mm/yyyy)

Guidelines for Emergency Management of ACUTE ILLNESS OR FEVER in Children with Sickle Cell Disease

Treat Promptly!

Atlantic Provinces Pediatric Hematology Oncology Network
Réseau d'Oncologie Hématologie Pédiatriques des Provinces Atlantiques
(APPHON/ROHPPA)

Version Date: May 2021

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Fever and/or **acute illness** in children and youth with Sickle Cell Disease can be *life threatening* and must be *treated promptly.* Overwhelming bacterial infection is a significant risk in patients with no splenic function or absent spleen (asplenia) or a dysfunctional spleen (functional asplenia/hyposplenia).

Those patients taking Hydroxyurea must be evaluated for neutropenia

For Sickle Cell Pain Crisis or Acute Chest Syndrome see the APPHON/ROHPPA website: →Sickle Cell Pre-printed Orders and link to CanHaem Consensus Statement on the care of patients with Sickle Cell Disease in Canada

Assessment

1. **Triage as a Level 2**
2. Stabilize child
3. Draw CBC, diff, retic, lactate, blood culture stat within **30 mins**
4. Establish vascular access
5. Start antibiotics within **60 mins**
   - **DO NOT WAIT FOR CBC RESULTS**
   - If hemodynamically stable, a **maximum of 3 attempts** to insert an IV cannula; if unsuccessful, IM ceftriaxone should be given using the reconstitution guidelines to include lidocaine (without epinephrine) for those over 5 kg
   - Refer to **pre-printed orders and algorithm** for guidance
6. Referral to nearest emergency department as clinical deterioration can be sudden

START ANTIBIOTICS IMMEDIATELY!

Treatment

Refer to guidelines and use pre-printed orders at www.apphon-rohppa.com

KNOWN ALLERGIES:_____

NOTE: These recommendations do NOT change for those with a penicillin allergy.

If meningitis is NOT suspected:

❑ cefTRIAXone 100 mg/kg/dose IV/IM q24h (max 2000 mg/dose)

If greater than 5 years old and suspected atypical pneumonia:

❑ clarithromycin 7.5 mg/kg/dose PO BID (maximum 500 mg/dose)

Suspected meningitis:

❑ cefTRIAXone 100 mg/kg/dose IV x 1 (max 2000 mg/dose), then 12 hours later
50 mg/kg/dose IV q12h (max 2000 mg/dose)

❑ vancomycin
- ➢ ***Less than 12 years of age***: vancomycin 15 mg/kg/dose IV q6h (max 1000 mg/dose)
- ➢ ***12 years of age and older***: vancomycin 15 mg/kg/dose IV q8h (max 1000 mg/dose)

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