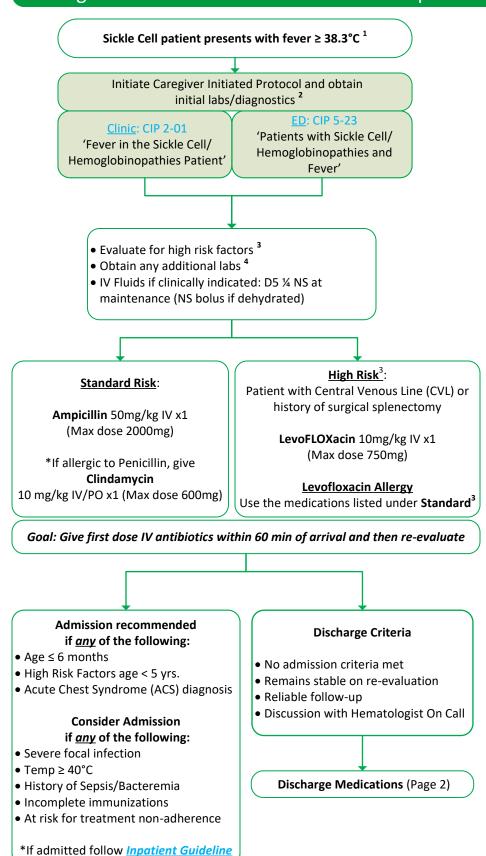
# Clinical Practice Guideline Management of Sickle Cell Fever: ED and Outpatient Clinic

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#### <sup>1</sup>Exclusion Criteria

- Post Bone Marrow Transplant (BMT)
- Concern for Sepsis

#### <sup>2</sup>CIP/Initial Labs/Diagnostics

#### **ED CIP:**

- 1. CBC with diff
- 2. Reticulocyte count
- 3. Blood culture
- 4. Draw and hold blood sample (for any additional testing if needed<sup>4</sup>)
- 5. UA and Urine Culture for urinary symptoms\*
- 6. CXR-2V if cough/chest pain

#### **Clinic CIP:**

- 1. CBC with diff
- 2. Reticulocyte count
- 3. Blood culture
- 4. Draw and hold blood sample (for any additional testing if needed<sup>4</sup>)
- 5. UA and Urine Culture for urinary symptoms\*

\*Urinary symptoms include symptoms of UTI, dysuria, urinary frequency, hematuria, new incontinence, suprapubic pain, back pain, or unexplained abdominal pain

#### **Initial Evaluation and Monitoring**

- Identify risk factors present (CVL, Surgical Splenectomy)
- Supplemental 02 if sats ≤ 93%
- · Any focal infection
- Spleen size (compare with baseline exam)

### 3 High Risk

#### **Factors:**

- Central Venous Line (CVL)
- History of surgical splenectomy

#### **Antibiotics for Levofloxacin Allergy:**

- First line: Ampicillin
- Second line: Clindamycin
- Consult ID if other alternatives are required

#### <sup>4</sup>Additional Labs/Diagnostics

#### Consider:

- BMP, if concern for dehydration
- Chest X-ray, if respiratory symptoms, hypoxia or chest pain
- Type and screen if splenomegaly
- Respiratory viral panel, if any respiratory symptoms during seasonal viral outbreaks



## **Discharge Medications**

Localizing Source

Treat the source of fever as appropriate.

Refer to the guidance for Antimicrobial Stewardship for otherwise healthy children with common conditions

For standard risk patients stable for discharge after IV Ampicillin;

Additional 2 doses of oral Amoxicillin (at q8h interval) are required to continue empiric antibiotic coverage for a full 24-hour period (Max dose 1000mg).

Give 1st dose at home 8 hrs after IV dose in hospital.

# Non-Localizing Source

Body weight	Amoxicillin dose	Amoxicillin daily dose equivalent (mg/kg)	Number of tablets per dose	Total number of tablets to be given at discharge
7.5-10kg	250mg	75-100	1	2
10.1-14kg	375mg	80-111	1.5	3
14.1-19kg	500mg	78-106	2	4
19.1-25kg	750mg	90-117	3	6
≥25.1kg	1000mg	≤120	4	8

<sup>\*</sup>If Penicillin allergy, give prescription for Clindamycin 10 mg/kg/dose (Max single dose 600 mg) q8h for 2 doses.

#### **High risk Patients:**

Patients age ≥5 years who receive IV LevoFLOXacin and meet discharge criteria do NOT need additional discharge medication as LevoFLOXacin provides 24-hour coverage.

Patients who have Levofloxacin Allergy: Use the medications listed under standard risk (See Page 1)<sup>3</sup>.

Oseltamivir (*Tamiflu*) PO: Recommended for patients with flu-like symptoms during seasonal influenza outbreaks.

Start within 2 days of symptoms (Max dose 75mg per dose)

(Consider other antiviral medications as appropriate after discussion with hematology)

## Additional Agent

Age	Body Weight	Dose	Dose Frequency
0-12 yo	≤15kg	30mg	BID x5 days
	16-23kg	45mg	BID x5 days
	24-40kg	60mg	BID x5 days
	>40kg	75mg	BID x5 days
≥ 13 yo	75kg	75mg	BID x5 days