Sickle Cell patient presents with fever ≥ 38.3°C

Initiate Caregiver Initiated Protocol and obtain initial labs/diagnostics

Clinic: CIP 2-01
‘Fever in the Sickle Cell/Hemoglobinopathies Patient’

ED: CIP 5-23
‘Patients with Sickle Cell/Hemoglobinopathies and Fever’

• Evaluate for high risk factors
  • Obtain any additional labs
  • IV Fluids if clinically indicated: D5 ¼ NS at maintenance (NS bolus if dehydrated)

Standard Risk:
Ampicillin 50mg/kg IV x1 (Max dose 2000mg)

*If allergic to Penicillin, give Clindamycin 10mg/kg IV/PO x1 (Max dose 600mg)

Goal: Give first dose IV antibiotics within 60 min of arrival and then re-evaluate

High Risk:
Patient with Central Venous Line (CVL) or history of surgical splenectomy
LevoFLOXacin 10mg/kg IV x1 (Max dose 750mg)

Levofloxacin Allergy
Use the medications listed under Standard

 Admission recommended if any of the following:
• Age ≤ 6 months
• High Risk Factors age < 5 yrs.
• Acute Chest Syndrome (ACS) diagnosis

Consider Admission if any of the following:
• Severe focal infection
• Temp ≥ 40°C
• History of Sepsis/Bacteremia
• Incomplete immunizations
• At risk for treatment non-adherence

*If admitted follow Inpatient Guideline

Discharge Criteria
• No admission criteria met
• Remains stable on re-evaluation
• Reliable follow-up
• Discussion with Hematologist On Call

Discharge Medications (Page 2)

1 Exclusion Criteria
• Post Bone Marrow Transplant (BMT)
• Concern for Sepsis

2 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*
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*
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

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

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Localizing Source

Discharge Medications

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.

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

*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)³.

Non-Localizing Source

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)

<table>
<thead>
<tr>
<th>Age</th>
<th>Body Weight</th>
<th>Dose</th>
<th>Dose Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 yo</td>
<td>≤15kg</td>
<td>30mg</td>
<td>BID x5 days</td>
</tr>
<tr>
<td></td>
<td>16-23kg</td>
<td>45mg</td>
<td>BID x5 days</td>
</tr>
<tr>
<td></td>
<td>24-40kg</td>
<td>60mg</td>
<td>BID x5 days</td>
</tr>
<tr>
<td></td>
<td>&gt;40kg</td>
<td>75mg</td>
<td>BID x5 days</td>
</tr>
<tr>
<td>≥ 13 yo</td>
<td>75kg</td>
<td>75mg</td>
<td>BID x5 days</td>
</tr>
</tbody>
</table>