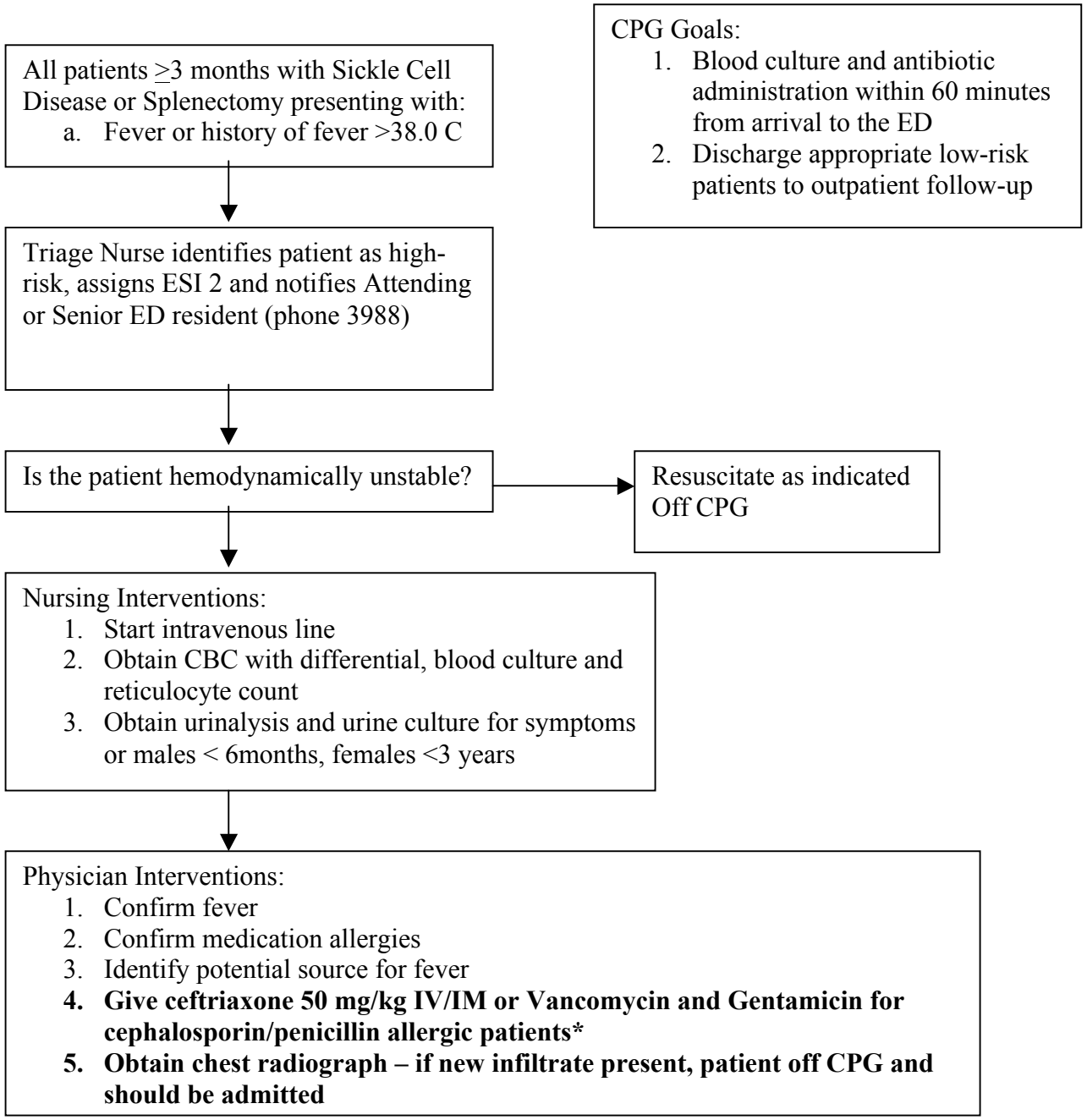
Febrile Sickle Cell or Asplenic Patient Clinical Practice Guideline
Emergency Department – Initial Treatment

Exclusion Criteria – Sickle Cell Trait OR Central Venous Line

*Additional Medical Problems (ie. Pain, Hypoxia, Dehydration, Splenomegaly) should be treated in parallel as clinically indicated and with appropriate urgency



***DO NOT WAIT FOR LAB RESULTS PRIOR TO ANTIBIOTIC ADMINISTRATION! Give even if source is likely viral. If difficult IV access, consider IM administration.**

Criteria for Discharge from the Emergency Department:

1. Non-toxic appearing
2. Have access to a telephone and ability to return to the ED if condition worsens
3. Absence of high-risk criteria below
4. Contact made with Maine Children Cancer Center On-call Physician to discuss care

High-Risk Criteria - Consider admission after Maine Children Cancer Center Physician Consultation if ANY of the following are met:

1. Age <6 months
2. Toxic appearance, hypotension or poor perfusion
3. New hypoxia (Room air saturation <92% or >3% points below baseline)
4. Previous infection with a resistant organism
5. New infiltrate on chest radiograph (concern for acute chest)
6. New or worsening splenomegaly
7. Temperature >40 degrees Celsius
8. Cephalosporin/penicillin allergy (unable to give 24 hours of parenteral coverage from the ED)
9. WBC >30,000 or <5,000
10. History of pneumococcal sepsis
11. Discharge criteria not met

Order Set to Accompany: **Febrile Sickle Cell or Asplenic Patient Clinical Practice Guideline**
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Intravenous Fluids
Saline lock, insert now
Normal saline 20 cc/kg stat

Laboratory Testing
CBC with differential, stat, specimen collected
Blood culture, single specimen
Reticulocyte count, stat, specimen collected
Urinalysis, stat, specimen collected
Urine culture, specimen collected

Radiology
XR Chest PA and Lateral

Medications
Ceftriaxone Injection stat
Cefipime Injection stat
Vancomycin Injection stat
Gentamicin Injection stat