

## Guideline Evidence

Guideline Topic: Management of Fever in Sickle Cell Patients

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Search Criteria: Fever, sickle cell disease, pediatrics, sickle cell emergencies

Databases: Ovid, PubMed, Cochrane database

Key Guidelines (Dates) Evidence Based Medicine in Sickle Cell Disease, Expert Panel Report

#	Recommendation	Source	Classification	Level of Evidence
1	In people with SCD and a temperature $\geq 101.3^{\circ}\text{F}$ ( $38.5^{\circ}\text{C}$ ), immediately evaluate with history and physical examination, complete blood count (CBC) with differential, reticulocyte count, blood culture, and urine culture when urinary tract infection is suspected.	Evidence Based Medicine in Sickle Cell Disease, Expert Panel Report 2014. US Department of Health and Human Services.	II	Level C Recommendation
2	In children with SCD and a temperature $\geq 101.3^{\circ}\text{F}$ ( $38.5^{\circ}\text{C}$ ), promptly administer ongoing empiric parenteral antibiotics that provide coverage against Streptococcus pneumoniae and gram-negative enteric organisms. Subsequent outpatient management using an oral antibiotic is feasible in people who do not appear ill.	Evidence Based Medicine in Sickle Cell Disease, Expert Panel Report 2014. US Department of Health and Human Services.	II	Level c Recommendation
3	In people with SCD whose febrile illness is accompanied by shortness of breath, tachypnea, cough, and/or rales, manage according to the preceding recommendations and obtain an immediate chest x ray to investigate for ACS.	Evidence Based Medicine in Sickle Cell Disease, Expert Panel Report 2014. US Department of Health and Human Services.	I	Level B Recommendation
4	Hospitalize people with SCD and a temperature $\geq 103.1^{\circ}\text{F}$ ( $39.5^{\circ}\text{C}$ ) and who appear ill for close observation and intravenous antibiotic therapy.	Evidence Based Medicine in Sickle Cell Disease, Expert Panel Report 2014. US Department of Health and Human Services.	I	Level B Recommendation
5	Treat people with SCD who have ACS with an intravenous cephalosporin, an oral macrolide antibiotic, supplemental oxygen (to maintain oxygen saturation of greater than 95 percent), and close monitoring for bronchospasm, acute anemia, and hypoxemia.	Evidence Based Medicine in Sickle Cell Disease, Expert Panel Report 2014. Guideline on the management of acute chest syndrome in sickle cell disease. BJH guideline. March 2015.	I	Level B Recommendation
6	Viral testing including influenza A&B, RSV and viral culture should be performed if clinically indicated.	Guideline on the management of acute chest syndrome in sickle cell disease. BJH guideline. March 2015.	I	Level B Recommendation
7	Anti-viral agents should be used is there is clinical suspicion of influenza infection.	Guideline on the management of acute chest syndrome in sickle cell disease. BJH guideline. March 2015.	I	Level B Recommendation
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### CPQE Guideline Evidence, cont.

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