CLINICAL ALGORITHM FOR INITIAL MANAGEMENT OF SICKLE CELL PATIENTS WITH FEVER

This pathway should be used for patients ≥ 2 months of age with SS, SC or Sβ-thalassemia type sickle cell disease who have a temperature ≥ 38.5°C or history of temperature ≥ 38.5°C within 48 hours of presentation. Please direct questions to Maine Children’s Cancer Program (207-396-7565)

Fever ≥ 38.5°C in Pediatric Sickle Cell Patient

Triage level 2

*Immediate evaluation with history, physical and diagnostic workup including:
- CBC with differential
- Reticulocyte count
- Comprehensive metabolic panel
- Blood culture
- Consider type and screen
- Consider urinalysis and urine culture if urinary tract infection suspected
- Consider RSV, flu testing, respiratory viral culture (If influenza positive, treat with Oseltamivir)
- Consider chest x-ray for respiratory findings

Fever accompanied by cough, chest pain, tachypnea, retractions, wheezing or hypoxemia?

Suspect Acute Chest Syndrome
Obtain STAT chest x-ray
Ceftriaxone 50mg/kg IV/IM
Azithromycin 10mg/kg IV/PO (max 500mg)

*Refer to Management of Acute Chest Syndrome in Pediatric Sickle Cell Patients

Toxic appearing or history of:
- Bacteremia
- Sepsis
- Splenic sequestration within past 4 weeks
- Multiple visits for same febrile illness
- Temp >40° C?

Ceftriaxone 50 mg/kg (max 2,000 mg)
Call heme/onc and Pediatrics for admission
Discontinue home penicillin

Eligible for outpatient management?

YES

CEFTRIAXONE
50mg/kg (max 2,000 mg)

NO

CEFTRIAXONE
50mg/kg (max 2,000 mg)
Admit

Discharge after discussion with heme/onc

*Rapidly administer antibiotics, do not wait for lab results

Outpatient management criteria:
Non toxic appearing, ≥ 1 yr old,
T< 40° C, no recent h/o sepsis, no infiltrate on CXR, no hypoxia, lab work at baseline, no significant drop in Hg, WBC >5,000 and < 20,000, no social concerns (i.e. reliable follow up, access to transportation, at least 1 functioning phone)

The Barbara Bush Children’s Hospital
At Maine Medical Center

Algorithms are not intended to replace provider’s clinical judgment or to establish a single protocol. Some clinical problems may not be adequately addressed in this guideline. As always, clinicians are urged to document management strategies.