HIGH RISK
SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS
SYMPTOMS/HISTORY: Significant lethargy, pallor or jaundice; hydrops
Exam: hemodynamic instability, jaundice, organomegaly, failure to thrive
LABS: Any of the following hemoglobin patterns detected on newborn screen:
FS or F
Significant sickle or target cells noted on smear
Hemoglobin < 7 g/dL
Significant reticulocytosis

SUGGESTED PREVISIT WORKUP
Family History - especially with regards to ethnicity
Palpate for splenomegaly
CBC with Retic
Send Bilirubin level
Discuss with Pediatric Hematology

MODERATE RISK
SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS
SYMPTOMS/HISTORY: Any concerns for lethargy or jaundice; family history of hemoglobinopathy
EXAM: Hemodynamically stable no organomegaly, no jaundice
LABS: Any of the following hemoglobin patterns detected on newborn screen:
FSA or FSC
Moderate sickle or target cells noted on smear
Hemoglobin 7-10 g/dL

SUGGESTED WORKUP
Immunizations are critical
Referral recommended, see green box

LOW RISK
SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS
SYMPTOMS/HISTORY: Clinically asymptomatic, no jaundice
EXAM: Essentially normal exam findings
LABS: Any of the following hemoglobin patterns detected on newborn screen:
FAS, FAE/O, FAB
Some sickle or target cells noted on smear
Hemoglobin > 10 g/dL

SUGGESTED MANAGEMENT
High Risk - Pediatric Hematology will help determine etiology and management
Moderate Risk - Findings indicate of heterozygous sickle cell and/or thalassemia variants
Pediatric Hematology will help to determine etiology and management
Low Risk - Findings indicative of carrier/trait status which typically involves no intervention
Consider repeat testing when > 6 months of age
Genetic counseling

CLINICAL PEARLS

- Immediate management of patient with homozygous sickle cell disease while awaiting referral:
  - Initiation of PenVK 125 mg PO BID
  - Fever precautions – if the patient has a fever –
    - CBCD, reticulocyte count, CMP and blood culture,
    - Ceftriaxone 50mg/kg IV/IM

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.