



Initiate Caregiver Initiated Protocol and obtain initial labs/diagnostics <sup>2</sup>

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 <sup>3</sup>
- 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

10 mg/kg IV x1 (Max dose 600mg)

# High Risk<sup>3</sup>:

Patient with Central Venous Line (CVL) or history of surgical splenectomy

**LevoFLOXacin** 10mg/kg IV x1 (Max dose 750mg)

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

### **Recommend Admission**

if any of the following:

- Age ≤ 6 months
- High Risk Factors age < 5 yrs
- Acute Chest Syndrome (ACS) diagnosis

## **Consider Admission**

if <u>any</u> 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)** 

# <sup>1</sup> Exclusion Criteria

- Post Bone Marrow Transplant (BMT)
- Concern for Sepsis

# <sup>2</sup>CIP/Initial Labs/Diagnostics

#### **ED CIP:**

- 1. CBC with diff
- 2. Reticulocyte Count
- 3. Blood Culture
- 4. Draw and hold pink and green top tube
- 5. UA and Urine Culture if symptoms of UTI. See ED CIP
- 6. CXR-2V if cough/chest pain

#### **Clinic CIP:**

- 1. CMP
- 2. Reticulocyte Count
- 3. Blood Culture
- 4. Draw and hold pink top tube
- 5. UA if symptoms of UTI

### **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)

# <sup>3</sup> High Risk Factors

- Central Venous Line (CVL)
- History of surgical splenectomy

# <sup>4</sup>Additional Labs/Diagnostics

#### Consider:

- BMP, if concern for dehydration
- Chest X-ray, if respiratory symptoms, hypoxia or chest pain
- UA, urine culture if not toilet trained or concern for UTI
- Type and Screen if splenomegaly
- Respiratory Viral Panel, if any respiratory symptoms during seasonal viral outbreaks



		Discharge N	Medications		
Localizing Source	Treat the source of fever as appropriate. Refer to the guidance for <u>Antimicrobial Stewardship for otherwise</u> <u>healthy children with common conditions</u>				
	For standard risk patients stable for discharge after IV Ampicillin, an <b>additional 2 doses of oral Amoxicillin (at q8h interval)</b> are required to continue empiric antibiotic coverage for a full 24-hour period (Max dose 1000mg per dose). Give 1st dose at home 8 hrs after IV dose in hospital.				
	Body weight	Amoxicillin dose	Amoxicillin daily dose equivalent (mg/kg)	Number of tablets per dose	Total number of tablets to be given at discharge
	7.5-10kg	250mg	75-100	1	2
Non-Localizing	10.1-14kg	375mg	80-111	1.5	3
Source	14.1-19kg	500mg	78-106	2	4
	19.1-25kg	750mg	90-117	3	6
	≥25.1kg	1000mg	≤120	4	8
	*If Penicillin allergy, give prescription for Clindamycin 10 mg/kg/dose (Max single dose 600 mg) q8h for 2 doses.  Note: High risk patients age ≥5 years who receive IV LevoFLOXacin and meet discharge criteria do NOT				
	need additional discharge medication as LevoFLOXacin provides 24-hour coverage				
Additional Agent	Oseltamivir ( <i>Tamiflu</i> ) PO  Recommended for patients with flu-like symptoms during seasonal influenza outbreaks. Start  within 2 days of symptoms (Max dose 75mg per dose)				
	Age	Body We	ight	Dose	Dose Frequency
	0-12 yo	≤15kg		30mg	BID x5 days
		16-23k	g	45mg	BID x5 days
		24-40k	g	60mg	BID x5 days
		>40kg	Į.	75mg	BID x5 days
	≥ 13 yo	75kg		75mg BID x5 days	