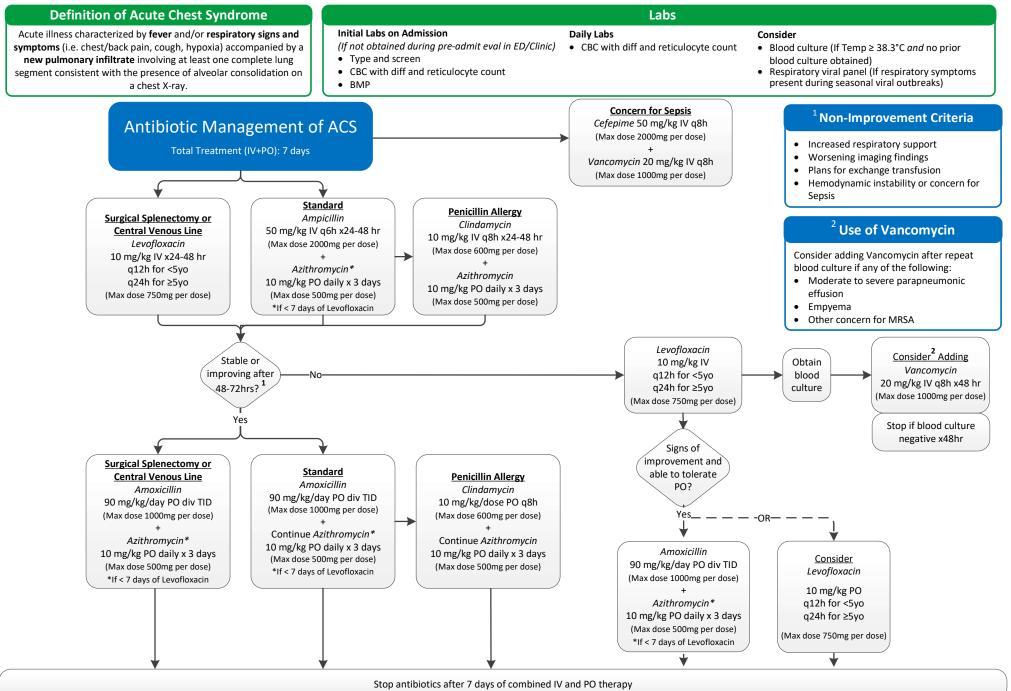


Inpatient Management of Acute Chest Syndrome (ACS)

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Alternative/Additional Agents		
Medication	Dosage	Notes
Prophylactic Penicillin	<3yrs: 125mg PO BID >3yrs: 250mg PO BID	Prophylactic Penicillin should be discontinued while patient is receiving antibiotics for ACS.
Oseltamivir (Tamiflu)	0-12 yrs: ≤ 15 kg: 30 mg BID x5 days 16-23 kg: 45mg BID x5 days 24-40 kg: 60mg BID x5 days > 40 kg: 75mg BID x5 day ≥ 13 yrs: 75mg BID x5 days (Max dose 75mg)	 Recommended for patients with flu-like symptoms during seasonal influenza outbreaks. Start within 2 days of symptoms.

Respiratory

- Consult Respiratory Therapist for airway clearance/management
- Use oxygen to keep sats ≥ 93%
- Positive Expiratory Pressure (PEP) q4h
- Incentive Spirometry: 10 breaths q2h when awake. Consider soap bubbles or pinwheels for younger patients
- Consider Nasal Intermittent Positive Pressure Ventilation (NIPPV)
- Albuterol if cough, wheeze, or history of Reactive Airway Disease

General Care

Maintain "euvolemia." Hypotonic IV Fluids (D5 ¼NS)
 @ 1x maintenance. More fluid is appropriate only if patient is dehydrated or if insensible losses are increased (e.g. fever).

Red Cell Transfusion

- Red Blood Cell transfusion plays an important role in treatment of ACS which should be determined on an individual case basis
- Severe respiratory status warrants exchange transfusion
- Benefits of transfusion should be weighed against alloimmunization risks