



Inclusion Criteria

- Sickle Cell patient
- Febrile (38.3°C or higher) regardless of the site in which it was measured

Exclusion Criteria

- Post Bone Marrow Transplant
- Concern for Sepsis
- Acute Chest Syndrome (ACS) diagnosis. If concern for ACS, see [Sickle Cell ACS Guideline](#)

Diagnostics

Initial Labs on Admission: (If not obtained during pre-admission evaluation in ED/Clinic)

- CBC with diff and reticulocyte count
- Blood culture with FIRST fever (subsequent blood cultures per [Aflac Blood Culture Guideline](#))
- Type and screen

Recommend:

- BMP (obtain CMP if ill-appearing)

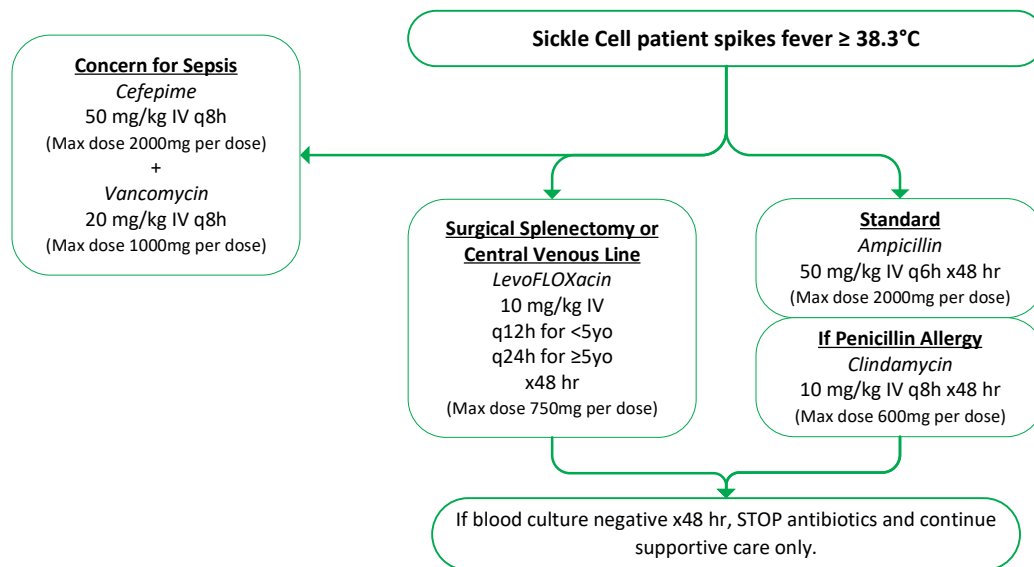
Consider:

- Chest X-ray (if respiratory symptoms, hypoxia, back pain or chest pain)
- Urinalysis with reflex culture (if patient ≤ 2 y/o, dysuria, suprapubic pain, or unexplained abdominal pain)
- Parvo IgG/IgM and/or PCR (send for Hb ≥ 2 g/dL below baseline AND relative reticulocytopenia)
- Respiratory viral panel (if any respiratory symptoms during seasonal viral outbreaks)

Daily Labs:

- CBC with diff and reticulocyte count

Medications



*Antibiotics should NOT be empirically restarted if fevers return after a period of time without fever, unless patient has had a change concerning for Sepsis. Blood culture should be obtained prior to restarting antibiotics.

Prophylactic Penicillin

<3yrs: 125mg PO BID
>3yrs: 250mg PO BID

Prophylactic Penicillin should be discontinued while patient is receiving antibiotics. Restart upon completion of empiric therapy.

Oseltamivir (Tamiflu)

0-12 yrs: ≤ 15 kg: 30 mg BID x 5 days
16-23 kg: 45mg BID x 5 days
24-40 kg: 60mg BID x 5 days
> 40kg: 75mg BID x 5 days
 ≥ 13 yrs: 75mg BID x5 days (Max dose 75mg per dose)

- Recommended for patients with flu-like symptoms during seasonal influenza outbreaks.
- Start within 2 days of symptoms.

General Care

- Maintain "euvoolemia." Hypotonic IV Fluids (D5 1/2NS) @ 1x maintenance. More fluid is appropriate only if patient is dehydrated or if insensible losses are increased (e.g. fever).
- Encourage incentive spirometry to prevent Acute Chest Syndrome.