

### **Inclusion Criteria:**

Patients > 60 days old with SS, SC, Sβ-thalassemia type sickle cell disease presenting with fever of ≥ 38.3°C (location does not matter) within 24 hours or ill-appearing

**Nurse Initiated** 

### **Exclusion Criteria:**

Sickle Cell Trait

## TIME

## 0 Min

## 30 Min

# Assign ESI Level 2

- Vital signs with baseline 02 saturations
- Pain assessment → If having pain, refer to sickle cell pain clinical
- Order and draw labs CBC with diff, CMP, Retic, blood culture
  - Central access (PICC/Port/CVL) obtain blood culture from all
  - If unable to access PICC/Port/CVL do not delay care. Place PIV and obtain blood culture from PIV
- Order and obtain COVID/Flu/RSV

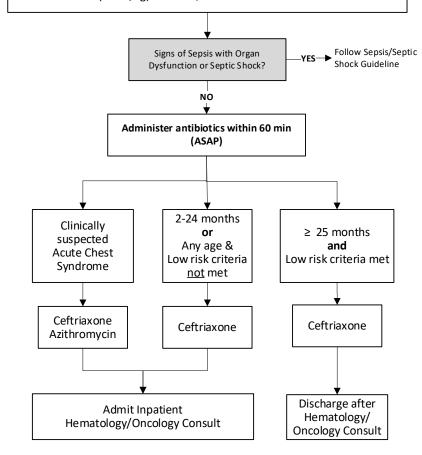
## GOAL ≤ 30 minutes from patient arrival

## **Provider Assessment and Treatment**

## Obtain History and Physical

- Order antibiotics, use appropriate EPIC order set (PED ED Pediatric Sickle Cell Pain or Fever)
- Consider further workup as indicated †
- 0.9 NS Bolus (20mL/kg) max of 1,000 mL

## 60 Min



## †Further Workup (as indicated)

- CXR → Chest pain, cough, hypoxia, difficulty breathing, or clinical suspicion for pneumonia/ acute chest syndrome
- UA/Ucx → Urinary symptoms, history of UTI/urinary tract abnormalities
- Type & Screen → Pale. persistent tachycardia, ill appearing, infiltrate on CXR, concern for Acute Chest Syndrome, signs of stroke, large spleen

## **Medication Dosing**

## Ceftriaxone:

50 mg/kg/dose Q24h (max: 2 grams/dose)

## Azithromycin:

10 mg/kg/dose PO Q24h (max: 500 mg/dose)

Consult Pediatric ID for patients with ceftriaxone allergy

## Low Risk Criteria

## **Clinical**

- Well-appearing
- Fever < 104°F
- No concern for complications including sequestration, acute chest syndrome, VOC requiring IV analgesia
- No new hypoxia
- O2 sat ≥ 92% if baseline not known

## Labs, X-ray, Findings

- Hgb >5, Retic count > 1%
- No significant drop Hgb > 2g
- WBC >5,000 and <30,000
- CXR (if indicated) without infiltrate
- UA (if indicated) normal

## SCD PMH/Social

## No history of:

- Ceftriaxone in preceding 8 weeks
- Bacteremia, sepsis
- Splenic sequestration within the past 4 weeks
- Recent antibiotic use (not including penicillin prophylaxis)
- Multiple visits for same febrile illness
- Non-compliance with penicillin prophylaxis
- Low likelihood of follow-up: no phone, transportation, in shelter, missed appointments

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K. Lubke, B.Schroeder , C. Agrawal, ME. Sarvida, M. Rouke, C. Lila-Udarbe	PEM/Pediatric Hem Onc	8/2019	12/2024

## Sickle Cell Disease with Fever



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