

Evaluation and Management of Sickle Cell Disease with Fever

(Fever = 38.5 degrees Celsius or 101 degrees Fahrenheit)

If all the following low-risk criteria are met, patient is eligible for blood culture and IV/IM Ceftriaxone with discharge after discussion with the pediatric hematology / oncology attending:

CLINICAL LOW-RISK CRITERIA:

- greater than 1 year of age and having received immunizations during first year of life
- fever < 39.5 degrees C (103.1 degrees F)
- well appearing and tolerating PO intake
- no concern for acute chest syndrome, splenic / hepatic sequestration or vasoocclusive crises requiring IV analgesia

LAB / X-RAY LOW RISK CRITERIA:

- Hemoglobin > 6.5 g/dl
- Corrected reticulocyte count > 1% (unless Hgb > 10g/dl)
- baseline hemoglobin within 2g/dl of current hemoglobin
- WBC between 5k and 25k
- Platelet count normal or elevated
- CXR if indicated is without infiltrate
- Oxygen saturation > 95% on room air

PMH LOW RISK CRITERIA:

- no history of bacteremia or sepsis in lifetime
- no history of splenic sequestration in the last 4 weeks

SOCIAL HISTORY LOW RISK CRITERIA:

- compliant with penicillin prophylaxis (required for Hgb SS and Hgb SB-zero thalassemia only through age 5 per NIH guidelines)
- up to date on immunizations
- able to attend clinic and obtain primary care as needed

Prior to discharge patients must have two contact numbers provided, and expect to communicate with the sickle cell team in 24 hours. Patients may be discharged with phone follow-up only, or if concerning symptoms present may receive oral antibiotics to continue at home or recommendation for a second dose of IV/IM antibiotics in 24 hours.

References:

- 1.) 2014 Expert Panel Report, Evidence-Based Management of Sickle Cell Disease.
<http://www.nhlbi.nih.gov/guidelines>



2.) Bacteremia Risk and Outpatient Management of Febrile Patients with Sickle Cell disease by Baskin et. al. Pediatrics, May 2013

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