Prevention of acute chest syndrome

Your child should receive all necessary immunizations, including prevnar (at 2 months, 4 months, 6 months and 12-15 months), pneumovax (at 2 years of age and every 3 years thereafter), and influenza vaccine (every year).

In children who experience 2 or more episodes of ACS per year, hydroxyurea is often used. It has been shown to reduce the number of ACS episodes by half or more.



Attending Physicians

Roger Berkow, MD
Gregory Friedman, MD
Lee Hilliard, MD
Thomas Howard, MD
Jeffrey Lebensburger, DO
Joseph Pressey, MD
Sue Spiller, MD
Raymond Watts, MD
Kim Whelan, MD

Nurses

Misty Bagwell, CRNP
Heather Carlton, CRNP
Heather Collins, CRNP
Jasmine Hoggle, CRNP
Mary Jones, RN
Jennifer McDuffie, CRNP
Kristen Osborn, CRNP
Britney Snipes, CRNP
Carol White, CRNP

UAB DIVISION OF PEDIATRIC HEMATOLOGY and ONCOLOGY

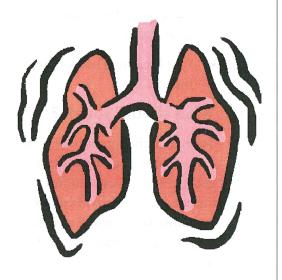
1600 7th Avenue South,
Suite 512 ACC
Birmingham, AL 35233
Office number (205) 939-9285
ter office hours, call (205) 939-91

**After office hours, call (205) 939-9100 and ask for the Hematologist on call.



HEMATOLOGY and ONCOLOGY 1600 7th Avenue South, Suite 512 ACC Birmingham, Al. 35233 Office number (205) 939-9285 **After office hours, call (205) 939-9100 and ask for the Hematologist on ca

Pneumonia and Acute Chest Syndrome



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Pneumonia and Acute Chest Syndrome (ACS) in sickle cell disease

Pneumonia is a common infection that children with sickle cell disease may get. It is an infection of one or both of the lungs with a bacteria, virus or fungus. In children with sickle cell disease, it is most commonly due to bacteria that must be treated with antibiotics.

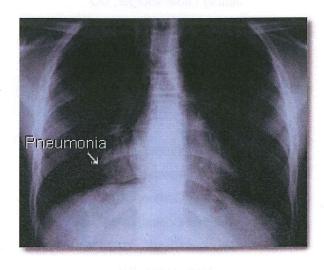
Signs and symptoms of pneumonia:

- Fever of 101° or greater
- Coughing
- Chest pain, back pain or stomach pain
- Fast breathing or working to breathe

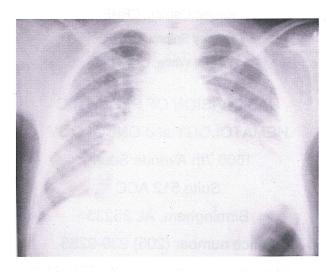
What should you do?

Take your child to his or her primary doctor or go to the emergency room. Treatment may include drawing blood cultures and other labs, getting a chest x-ray, IV fluids, antibiotics and oxygen.

Pneumonia



Acute Chest Syndrome



Acute chest syndrome (ACS) occurs when red blood cells sickle inside the blood vessels in the lungs. It is very painful for children who experience this problem. It is hard to identify the exact cause for ACS many times. However, ACS is more likely to occur after infection, a pain crisis, or surgery.

Signs and symptoms of acute chest syndrome:

- Fever of 101° or greater
- Wheezing
- Fast breathing
- Shortness of breath
- Chest pain

What is the treatment for ACS?

The treatments for ACS include all of the same treatments as pneumonia with a few additional recommendations. Children with ACS will usually require hospitalization and may need pain medicine or a blood transfusion.