FEVER MANAGEMENT IN SICKLE CELL PATIENTS

Children's of Alabama®

Infections can cause death in children with all types of SCD, fever is a medical emergency due to possibility of penicillin-resistant organisms and incomplete vaccination status. Quick evaluation with blood cultures and treatment with antibiotics may be livesaving.*

For temperature of 101°F or greater regardless if suspected viral etiology, obtain venous blood cultures, CBC with reticulocyte count, and give dose of IM/IV Rocephin 50 mg/kg/dose or max of 2 grams/dose. If allergic to cephalosporin use IV Clindamycin 10 mg/kg/dose max 4.8 grams/dose or if older than 10 years of age can use Levofloxacin 10mg/kg/dose max 500mg/dose. CXR indicated if cough or respiratory symptoms are present to evaluate for acute chest syndrome.

Hospital Admission Criteria:



Patient Age <6 Months
History of pneumococcal sepsis
History of surgical splenectomy

Vital Signs

- Temperature ≥40° C (101.0° F)
- Toxic appearance
- Hypotension, Tachycardia or other signs of hemodynamic instability

Labs

- Hemoglobin concentration < 5.0 gm/dL
- WBC > 30.0 or < 5.0 x 103/mm3
- Absolute reticulocyte count < 50K (2%).
  - Suggests acute parvovirus infection

Physical Exam

- Splenomegaly/Splenic sequestration
  - (new tender splenomegaly, fall in hemoglobin concentration >2 gm/dL from baseline, and thrombocytopenia)
- Pulmonary findings including infiltrate on CXR*

Contact our on-call Hematologist at Children's of Alabama at 205-638-9285.