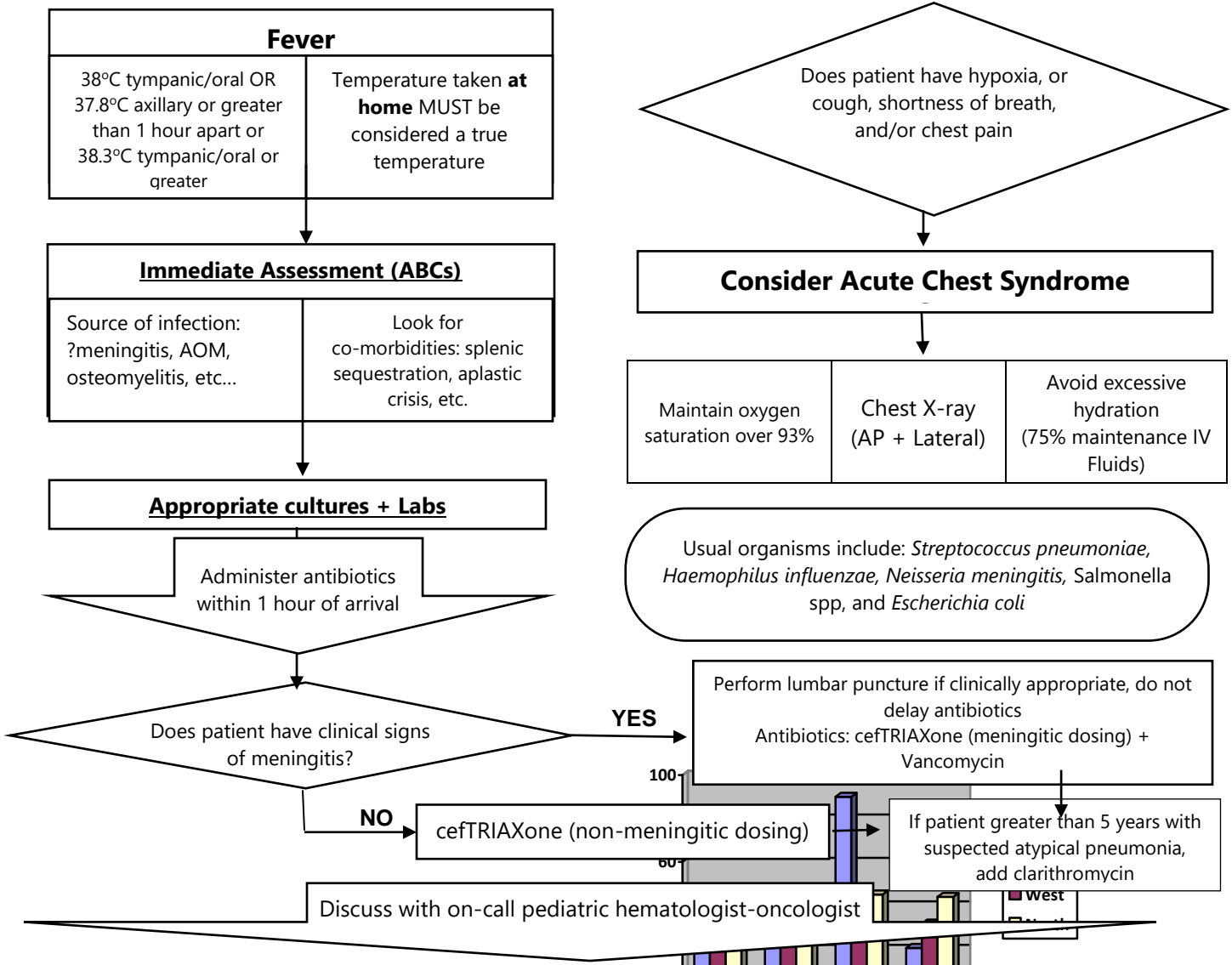




Supportive Clinical Information Sickle Cell Disease and/or Asplenia with Fever or Acute Illness ED/Clinic Management. Greater than 1 month old



Admission Criteria (list is not exclusive)			
Patient Factors	Environmental	Clinical	Investigations
<ul style="list-style-type: none"> Age less than 1 year Prophylaxis indicated but patient not compliant History of invasive pneumococcal infection Patient on chronic transfusion therapy for stroke 	<ul style="list-style-type: none"> No reliable method of contact Lives more than 45 minutes away from nearest ED Unable to return in 12-24 hours for re-assessment 	<ul style="list-style-type: none"> Temperature greater than 39.5°C Dehydration Abnormal vital signs Toxic appearing Signs of meningitis Suspected acute chest syndrome Any concerning features 	<ul style="list-style-type: none"> WBC Greater than 30 x10⁹/L ANC less than 0.5 x 10⁹/L Hgb less than 60 g/L Plt less than 100 x10⁹/L Urinalysis positive for blood, nitrites, or leukocyte esterase Infiltrates on chest Xray

- If patient has history of penicillin allergy (including anaphylaxis to penicillin), IV ceftRIAXone can still be used safely.
 - Due to the small risk of reaction, observe the patient.
- If patient has history of ceftRIAXone allergy or reactions, consult with patient's hematologist/oncologist and/or refer to patient's chart if a pre-made plan is in place.