Outpatient Clinic and Emergency Department Care

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

Indusion Criteria: >2 months of age with sickle cell disease (HgbS, HgbSC, HgbS beta thal) and temp ≥101° F (38.5° C)

Exclusion Criteria: ≤2 months old, sickle cell trait, signs of sepsis (see Septic Shock Pathway), clinical suspicion for Multi-System

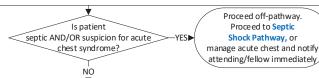
Inflammatory Syndrome in Children (see MIS-C Clinical Pathway)

If presents to ED: Triage Level 2 RN Evaluation:

- Vitals, continuous pulse ox
- Blood culture (from all lumens of CVLs)
 - If no CVL, obtain peripheral culture
- CBC & Reticulocyte count & STAT procalcitonin
- Hold purple top for Type & Screen, green top for BMP or LFT's
- Give **Acetaminophen** 15 mg/kg/dose q6hr (max 1000 mg/dose; max 75 mg/kg/day, not to exceed 4000 mg/day) if not received in past 4 hours <u>and/or</u>
 - Ibuprofen 10 mg/kg/dose q6hr (max 800 mg/dose), or Toradol IV 0.5 mg/kg/dose (max 30 mg/dose) q6hr, if not received in past 6 hours

Provider Evaluation:

- STAT: order antibiotics (see dosing below)
- Consider further diagnostic work-up based upon history and physical exam
 - CRP, chemistry, LFTs, Type & Screen, urinalysis, CXR (if concern for Acute Chest Syndrome); respiratory BIOFIRE not routinely indicated



Antibiotics:

Antibiotics should be given within 1 hour of presentation

If source of infection identified, treat appropriately AND give antibiotics below.

- Ceftriaxone 75 mg/kg IV (max 2 g/dose)
- If Cephalos porin allergy: Levofloxacin IV: 6 mo-<5 years old: 10 mg/kg/dose BID; ≥5 years old: 10 mg/kg/dose daily (max 750 mg/day)
- If ill appearing: add Vancomycin IV: <52 weeks PMA[†]/about <3 mo old: 15 mg/kg q8hr or as determined by pharmacy based on estimated AUC; ≥52 weeks PMA[‡]/about ≥3 months old 11 years old: 70 mg/kg/day div q6hr; ≥12 yrs old: 60 mg/kg/day div q8hr
- If concern for acute chest syndrome: <u>add</u> azithromycin 10 mg/kg on day 1 (max 500 mg/dose), then 5 mg/kg once daily
 on day 2-5 (max 250 mg/dose). If respiratory BIOFIRE was sent and negative for atypical organisms, discontinue
 azithromycin.

Consults:

Call Heme/Onc to discuss <u>all</u> patients

[‡]PMA (Post-Menstrual Age) = gestationalage + postnatal age

Discharge after antibiotics administered

- If ceftriaxone given prior discharge: no additional antibiotics needed
- If received Levofloxacin x1 dose prior to discharge: give prescription for 2nd dose 12 hours later (see above for dosing – IV and PO dosing are equal)
- Continue penicillin prophylaxis (if taking)
- Outpatient follow up plan discussed with on-call Heme/Onc attending

Meets admission criteria¹?

Admit to Hematology/Oncology Service

If source of infection identified, treat appropriately. Otherwise, continue antibiotics below.

Antibiotics:

- Ceftriaxone IV 75 mg/kg/day divided q12hr (max 2 g/dose)
- If Cephalos porin allergy:
 - Levofloxacin IV: 6 mo-<5 years old: 10 mg/kg/dose BID; ≥5 years old: 10 mg/kg/dose daily (max 750 mg/day)
- if ill appearing
 - o Add Vancomycin IV: <52 weeks PMA[†]/about <3 mo old: 15 mg/kg q8hr or as determined by pharmacy based on estimated AUC; ≥52 weeks PMA[†]/about ≥3 months old 11 years old: 70 mg/kg/day div q6hr; ≥12 yrs old: 60 mg/kg/day div q8hr
 - Can discontinue if blood cultures negative x48 hours (even if still febrile)
- Note: Patients with severe sickle cell disease ≤5 yrs old (and those >5 yrs old with hx of splenectomy or invasive pneumococcal disease) should be on penicillin prophylaxis. If patient is on prophylaxis, can pause prophylaxis while on antibiotics above. Resume prophylaxis once antibiotic therapy is completed.

Lab work:

- CBC & reticulocyte count & STAT procalcitonin q48hr (or sooner, if clinically indicated)
- If patient with persistent fever: blood cultures from all CVL lumens or peripheral blood culture q24hr

[†]PMA (Post-Menstrual Age) = gestational age + postnatal age

Discharge criteria:

Well-appearing and tolerating PO; negative blood cultures; outpatient follow up in place

Admission Criteria:

- <12 months old
- Hx of enca psulated bacteremia/ sepsis
- WBC <5,000 or >30,000
- Platelet <100.000
- Ill appearing
- Oxygen
- requirement

 Hgb <6 g/dL

 or

 2 g/dL below
 - baseline Hypotension
- Poor perfusion
- New infiltrate
 on CXR
- Dehydration
- Concern for caregiver ability to care for patient

Connecticut Children's

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