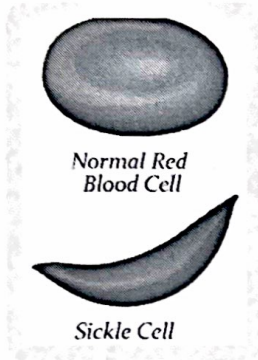


# Sickle cell Patients with Fever

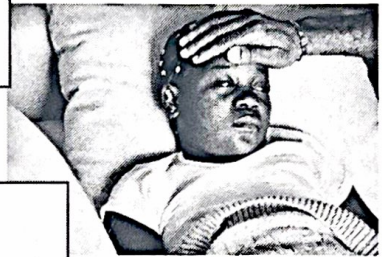
**Antibiotics within 1 hour of Arrival!**

(Hx of recent fever is enough, regardless of temp on arrival)



**-Do not wait for "numbing cream" if port access**  
**-Do Not Wait for Lab Results**  
**Ceftriaxone 75mg/kg up to Adult max, 2gm**  
*Clindamycin for ceftriaxone allergic patients*

If family refuses peripheral access, contact St Jude attending directly ASAP.



## Studies

Lab: Blood Cx (most important); CBC d/p, retic, CMP, Draw and Hold, LDH – other labs including UA/Cx as clinically indicated

Imaging: CXR PA/Lat, if symptomatic ((hypoxia, chest pain, cough)

Review Patient with Hematologist  
**Ultimate disposition at the discretion of the ED attending**

Higher Risk Features

- <18m old
- fever > 103
- s/p splenectomy
- no reliable transportation
- O2 requirement
- WBC > 30K
- Hgb < 7 g/dL
- infiltrate on CXR if done
- clinically unwell
- Ceftriaxone allergic

Admission  
daily Ceftriaxone, ±  
Azithromycin for  
respiratory sx

Discharge Home  
Call with additional fever  
or worsening symptoms  
Call clinic with update in  
the morning