Sickle Cell with Fever (SS, SC, S-β0Thalassemia):

Emergency Department Management
Clinical Practice Guideline (CPG)

Protocol approved by:
Divisions of Pediatric Emergency Medicine
and Hematology/Oncology
Date of approval: 6/09

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Sickle Cell Fever
(SS, SC, S-β₀ Thalassemia)
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>100.8°F, >38°C

If Mental Status Changes
See Sickle Cell “Stroke” CPG

Notify ED Attending
Initiate Order Sheet:
-CBC, Blood culture, Reticulocyte Count
-IV: Ceftriaxone (50 mg/kg; Max 2 gm). Fax to Pharmacy
Consider CXR if SOB, chest pain, cough, or decreased SaO₂
Consider age appropriate:
UA/culture and/or Lumbar Puncture

Discuss results and disposition with Hematology Attending

Admission
-WBC >30,000; >10% Bands
-Positive CXR
-Age < 5yrs
-Chills
-Vital Signs or Mental Status changes
-Pain control issues

Discharge Home
-WBC <30,000; < 10%Bands
-Taking po
-Age >5 yrs
-Costas Center follow-up in 24-48 hrs
-If source of fever identified, consider continuation of oral antibiotics