SICKLE CELL ANEMIA PATIENT

(Applies to Sickle-C and Sickle-thal patients also)

Call Pediatric Heme on call early in ED course

Pain

Concern:
Vaso-occlusive crisis
(Consider other sources of pain)

Work-up:
Monitor, pulse ox
If place IV: CBC, retic

Treatment:
Mild or has not tried sufficient oral medications at home:
PO ibuprofen AND
IN fentanyl OR
PO acetaminophen-hydrocodone OR
PO morphine
Non-pharm tx: heat packs
Mod-severe or failed home management:
IV morphine OR
IV hydromorphone AND
IV ketorolac if no renal insufficiency
IVF only if dehydrated or not taking adequate po's
O2 for sat < 95% or < baseline sat

Admit:
Pain not controlled w/3 doses med
Severe anemia Hgb < 6
Retic < 1% and Hgb < 10

Discharge:
Pain controlled
Give Rx for PO narcotic
Give close f/u with Heme Onc

Fever

Concern:
Functional asplenia increases risk for sepsis

Work-up:
Perform if temp $\geq$ 38.5 or if toxic
CBC, retic, Bcx, UA/Ucx, Pulse ox
CXR if resp sx, Viral tests prn
Consider ESR/CRP if bone pain

< 38.5 & nontoxic: evaluate for fever as in any pt, give close f/u

Treatment:
Antipyretic
Ceftriaxone 75 mg/kg (max 2gm)
If ill-appearing or indwelling line, add Vancomycin

Admit:
Ill-appearing
Temp > 39.5 to 40
WBC < 5,000 or > 30,000
Hgb < 6 or 2gm/dL below baseline
CXR+ (acute chest syndrome)
PMH of sepsis or bacteremia
Indwelling catheter
Recent antibiotics

Discharge criteria:
>12 months old
Well appearing, VSS, tolerating po
CXR neg if done, not hypoxic
Reliable follow-up

Respiratory Sx

Concern:
Acute chest syndrome

Work-up:
If fever, follow fever recs also
Pulse ox, CXR
Viral studies (eg POC RSV, influenza, VRP) as indicated

Treatment:
If severe distress: ABCs
If wheezing: albuterol
If O2 sat < 95% or < baseline, O2
Discuss with Heme transfusion if Hgb 1-2gm/dL below baseline (but not if Hgb $\geq$ 9)
If CXR+: ceftriaxone and azithromycin

Admit:
Ill-appearing
CXR+
As per fever recs if fever
O2 sat < 95% or < baseline

Discharge criteria:
Afebrile or meets d/c criteria for fever
CXR negative
O2 sat $\geq$ 95%
Wheezing, any increased work of breathing resolved
Not tachypneic
Reliable follow-up

Neuro Sx

Concern:
Stroke
Headache, hemiparesis, focal neuro, seizure, AMS
Work-up:
Dstix, CBC, retic, BMP, Coags, T&C, Hgb S level
CT w/o contrast to r/o hemorrhage
MRI/MRA after CT
Treatment:
ABC's, O2 if sat < 95%
Hemorrhage: contact Neurosurgery
Ischemic: contact Heme, consider exchange transfusion
Admit

Severe Anemia

Concerns:
Splenic sequestration
Pallor, fatigue, jaundice, SOB, splenomegaly
Aplastic crisis
Infection, often parvovirus B19
Hyperhemolytic crisis
Work-up: CBC, retic, T&C
Treatment:
IVF resuscitation as needed
Transfuse if Hgb < 6 or 2 gm/dL below baseline (d/w Heme)
Admit

Priapism

IV hydration, IV analgesia, Urology