Fever in Adults with Sickle Cell

Developed by the NC Division of Public Health; the comprehensive sickle cell centers at Carolinas Health Care, Duke University, East Carolina University, University of North Carolina at Chapel Hill, Mission, and Wake Forest University; and primary care physicians from across North Carolina

Patient presents with T < 101.3°F (38.5°C)

Appears ill?

No

Assess and treat like general population

Yes

Patient presents with documented or reliable history of T ≥ 101.3°F (38.5°C)

Prompt h/P, CBC with diff, retic, blood cx, UA/Ucx if UTI suspected

Allergic to cephalosporin?

No

Prompt parenteral antibiotic coverage for strep pneumonia and gram negative enteric pathogens (2 grams IM Ceftriaxone) prior to further work up, transfer, or lab. (Suggested goal is within 1 hour of presentation.)

Yes

History of surgical splenectomy or pneumococcal sepsis?

No

Appears well, follow up reliable, T < 103.1°F (39.5°C)?

Yes

Further work up: Other indicated tests (e.g., flu), Respiratory sx (CXR to assess for ACS), focal or multi-focal bony tenderness, especially with erythema or swelling (consider osteomyelitis)

No

Further workup positive?

Yes

Strongly consider hospitalizations for IV antibiotics and further evaluation and treatment

No

Outpatient treatment with oral antibiotics with strep pneumonia and gram negative enteric pathogens and close follow-up

Red flag CBC results

Hg <2g/dl from baseline or <6g/dl
WBC <5000 or >30,000