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; Endorsed by (SC)². Adapted from the 2014 NIHBL guidelines for Evidence-Based Management of Sickle Cell Disease.

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

- Appears ill?
  - Yes
    - Prompt h/P, CBC with diff, retic, blood cx, UA/Ucx if UTI suspected
  - No
    - Assess and treat like general population

- No
  - Close follow

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

- Allergic to cephalosporin?
  - Yes
    - Strongly consider hospitalizations for IV antibiotics and further evaluation and treatment
  - No
    - History of surgical splenectomy or pneumococcal sepsis?
      - Yes
        - Strongly consider hospitalizations for IV antibiotics and further evaluation and treatment
      - No
        - Appears well, follow up reliable, T < 103.1°F (39.5°C)?
          - Yes
            - Further work up: Other indicated tests (e.g., flu), Respiratory sxs (CXR to assess for ACS), focal or multi-focal bony tenderness, especially with erythema or swelling (consider osteomyelitis)
          - No
            - Further workup positive?
              - Yes
                - Outpatient treatment with oral antibiotics with strep pneumonia and gram negative enteric pathogens and close follow-up
              - No
                - Red flag CBC results
                  - Hg <2g/dl from baseline or <6g/dl
                  - WBC <5000 or >30,000