Fever Management:
Adult patients with SCD are functionally asplenic and can devolve into severe sepsis very quickly
1. Obtain infectious work-up, including CXR, BCx, UCx, and careful MSK exam given risk for AVN in atypical locations
2. Start empiric abx within 60min:
   - Preferred: ceftriaxone
   - Add macrolide if concern for ACS
   - Add vancomycin if concern for meningitis and/or SSI
3. Continued pain management

Causes for VOE:
- Infection, cold, stress, extreme exercise, dehydration, alcohol, menses, pregnancy, exacerbation of other medical issues, idiopathic

Anemia Mgmt in SCD:
- If anemia below baseline, consult hematology before considering transfusion
- If anemic and retic count inappropriately low/normal, consult hematology for aplastic crisis

Fluid Management in SCD:
- Consider IVF if dehydration/hypovolemia
- Do not over-resuscitate:
  - Risk of hemodilution if aplastic crisis
  - ACS with associated pulmonary edema or effusions or risk of 3rd-spacing
  - Cerebral edema risk if presenting w/ CVA

Suspected Vaso-occlusive Episode (VOE)

- Fever >38.5 or 101.5?
  - Yes
  - Headache/Neuro findings or Chest Pain?
    - Yes
    - Pain "typical" for VOE
      - Yes
      - Other Diagnostics:
        1. Eval for precipitant/cause of VOE
        2. Obtain CBC with diff, retic, T&S
    - No
    - Fever Management:
      - Fluids: consider if concern for dehydration
      - Analgesia: inquire if pt has patient-directed plan
      - Recommend up-front PO/IV NSAID with PO/IV opioid
  - No

- Yes
  - Other Diagnostics:
    1. Eval for precipitant/cause of VOE
    2. Obtain CBC with diff, retic, T&S

Management:
Fluids: consider if concern for dehadrion
Analgesia: inquire if pt has patient-directed plan
Recommend up-front PO/IV NSAID with PO/IV opioid

Assess Severity of Pain
- Mild
- Mod/Severe

- If mild pain 4/10 or lower:
  - PO NSAID + PO opioid
  - Reassess in 30-60min Pain managed?
  - Yes
  - Consider de-escalation to PO, per provide discretion

- If moderate/severe pain 5/10 or higher:
  - IV NSAID + IV opioid
  - Reassess in 15-30min Pain managed?
  - No

Reasons for admission:
- Uncontrolled pain despite best efforts analgesia management either due to severity of acute pain episode, and/or persistent issues with opioid-related side effects
- Any additional signs/symptoms beyond a "typical" vaso-occlusive episodes that raise concern for other complications (such as above - fever/infection, acute chest syndrome, CVA, other evidence of ischemic organ damage from acute vaso-occlusion)
- We encourage use of "Adult Sickle Cell Disease Admission" Order Set if admitted or admit to ED obs