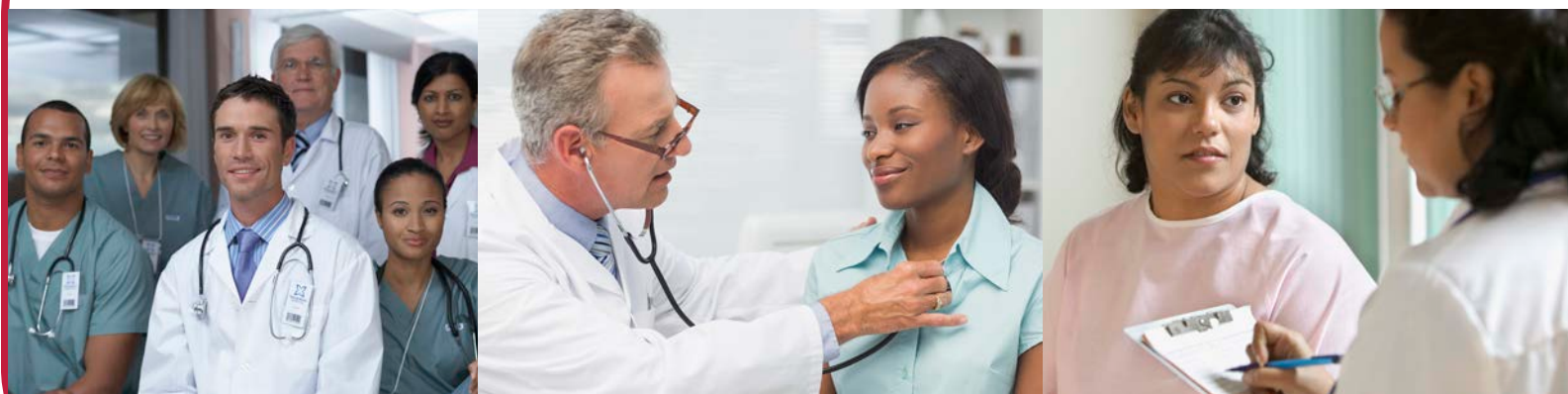


# Evidence-Based Management of Sickle Cell Disease

Expert Panel Report, 2014: Guide to Recommendations



**U.S. Department of Health and Human Services**  
National Institutes of Health  
National Heart, Lung, and Blood Institute

[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

## Chapter 3: Managing Acute Complications of Sickle Cell Disease

### Fever

1. In people with SCD and a temperature  $\geq 101.3^{\circ}\text{F}$  ( $38.5^{\circ}\text{C}$ ), immediately evaluate with history and physical examination, complete blood count (CBC) with differential, reticulocyte count, blood culture, and urine culture when urinary tract infection is suspected.  
**(Consensus–Panel Expertise)**
2. In children with SCD and a temperature  $\geq 101.3^{\circ}\text{F}$  ( $38.5^{\circ}\text{C}$ ), promptly administer ongoing empiric parenteral antibiotics that provide coverage against *Streptococcus pneumoniae* and gram-negative enteric organisms. Subsequent outpatient management using an oral antibiotic is feasible in people who do not appear ill.  
**(Consensus–Panel Expertise)**
3. Hospitalize people with SCD and a temperature  $\geq 103.1^{\circ}\text{F}$  ( $39.5^{\circ}\text{C}$ ) and who appear ill for close observation and intravenous antibiotic therapy.  
**(Consensus–Panel Expertise)**
4. In people with SCD whose febrile illness is accompanied by shortness of breath, tachypnea, cough, and/or rales, manage according to the preceding recommendations and obtain an immediate chest x ray to investigate for ACS.  
**(Consensus–Panel Expertise)**
5. In febrile people with SCD who have localized or multifocal bone tenderness, especially when accompanied by erythema and swelling, include bacterial osteomyelitis in the differential diagnosis and manage accordingly.  
**(Consensus–Panel Expertise)**