

Fever and Sickle Cell Anemia

Information leaflet for parents



Your child has sickle cell anemia and seems to have a fever.

What should I do if my child has a fever?

Fever is often one of the first signs of an infection.

In a child with sickle cell anemia, it is important to see a doctor as soon as possible if they have a fever, in order to rule out serious infection.

See your doctor at the Hematology Clinic on weekdays, or at the Emergency Department at any time of day or night. This is an emergency!

A child with sickle cell anemia is at risk of infections

Children with sickle-cell anemia have a higher risk of getting serious infections. For this reason, you should see a doctor quickly.

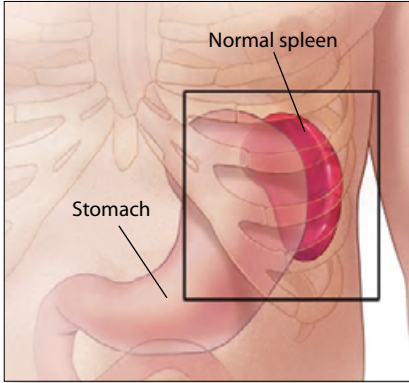
The nurse and doctor who assess your child will look for the infections for which they are most at risk.

These include:

- Lung infection (pneumonia)
- Blood infection (bacteremia)
- Urinary tract infection
- Bone infection (osteomyelitis)
- Meningitis
- Viral infection such as the flu

Why more infections?

Children with sickle cell anemia have a spleen that doesn't work well. The spleen is an organ that protects against several bacterial infections that cause pneumonia and bloodstream infections.



<https://www.mayoclinic.org>
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What is fever?

A rectal temperature of 38.5°C or higher or an oral temperature of 38.0°C or more is considered fever. It is important to use a thermometer and that your child's caregivers know how to use it. In children under 5 years of age, rectal temperatures are recommended.



Taken from:
<https://www.wikihow.com/Measure-Temperature>

Before coming to the hospital

Be ready! Have a small bag filled with a few personal belongings ready to bring, so you can leave home quickly if you need to come to the hospital. Add a few of your child's favourite toys to distract them during the tests at the hospital. Ask your doctor to prescribe pain cream, which you can apply 30 minutes before your child's blood tests if time permits. Apply cream the size of a quarter to the large vein in the elbow crease and on the back of the hand (below the ring finger), as shown here.



What will happen at the hospital?

To make sure your child does not have a serious infection, the nurse and doctor treating him/her will do blood tests and a chest X-ray. Some children and teenagers will also require a urine test and a test of their nasal secretions.

Your child will receive a first dose of intravenous antibiotics, usually ceftriaxone. Your child will need to be observed for two hours after taking this antibiotic. You will also have to wait for the results of the blood tests and X-ray.

Will we be able to go home?

After assessment by the nurse and doctor, a decision will be made as to whether your child can go home or should be admitted to the hospital. To return home, your child must be over 6 months of age, be in good general condition, have a temperature below 40°C and not have had a reaction to the antibiotic. It will also depend on their history, physical examination, blood tests and chest X-ray.



Your role at the hospital

As soon as you arrive at the hospital, tell the medical staff that your child has sickle cell anemia. The nurse and doctor will do the necessary assessment and tests.

At any time, if your child's condition deteriorates or if your child seems to be in poor condition while in the hospital, immediately notify the nurse and doctor.

This could include chest pain, difficulty breathing or waking up, severe stomach pain or headache and vomiting. Be on the lookout for these symptoms when your child is given an antibiotic.

CHU Sainte-Justine

3175, chemin de la Côte-Sainte-Catherine
Montreal (Quebec) H3T 1C5
Telephone : 514-345-4931

chusj.org

Back home

Once your child is discharged and allowed to go home, you will need to monitor his/her condition.

It's important to go back to the hospital again quickly if your child:

- Is in poor condition, appears generally unwell
- Has chest pain, is breathing rapidly or has trouble breathing
- Is drowsy
- Has severe pain
- Has dark urine
- Has an enlarged spleen
- Has a rash

Follow up with your hematology nurse the next day as planned or if you have questions at 514-345-4931, ext. 2476, on weekdays, or ext. 2111, on weekends and holidays.

Contributors

Dr. E.D. Trottier (*emergency*), Dr. Y Pastore (*hematology*),
Dr. N. Robitaille (*hematology*), N. Fournier (*hematology*),
M. St-Onge Bégin (*hematology*), Dr. N. Gaucher (*emergency*),
Dr. B. Bailey (*emergency*), Dr. N. Kleiber (*pediatrics*),
Dr. M.J. Doré-Bergeron (*pediatrics*), A. Viau (*pharmacy*),
J. Darilus (*parent partner*)

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