Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Sickle Cell Disease Crisis

Indication
Sickle Cell Disease Crisis with Evidence of Infection
First Line Antimicrobials
Cef-TRI-axone 2g OD IV **ADD** Clarithromycin 500mg BD PO (or Clarithromycin 500mg BD IV only where oral route is not feasible - excellent oral bioavailability) if evidence of community-acquired pneumonia.
Comments
N.B. Send blood cultures, MSU, stool (if diarrhoea), sputum/ respiratory viral swab/ pneumococcocal and legionella urinary antigens (if respiratory infection). Consider malaria and refer to Malaria treatment guideline if relevant travel history. People with sickle cell disease (SCD) have an increased risk of severe bacterial infection, resulting primarily from asplenia or hyposplenia. On recovery from acute infection, they should start (or restart) antibiotic prophylaxis (usually penicillin) and receive relevant vaccinations. Please refer to splenic dysfunction prophylaxis guideline for detailed guidance on prevention of infection in this patient population.
Duration of treatment
Review at 48 hours with culture results.