

## Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Sickie 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/ pneumococcal 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.