

ABNORMAL HEME NEWBORN SCREEN REFERRAL GUIDELINE

MAINE CHILDREN'S CANCER PROGRAM • 100 CAMPUS DRIVE, SCARBOROUGH, ME • (207) 396-7565

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Significant lethargy, pallor or jaundice; hydrops
Exam: hemodynamic instability, jaundice, organomegaly, failure to thrive

LABS: Any of the following hemoglobin patterns detected on newborn screen:

FS or F

Significant sickle or target cells noted on smear

Hemoglobin < 7 g/dL

Significant reticulocytosis

SUGGESTED PREVISIT WORKUP

Family History - especially with regards to ethnicity

Palpate for splenomegaly

CBC with Retic

Send Bilirubin level

Discuss with Pediatric Hematology

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Any concerns for lethargy or jaundice; family history of hemoglobinopathy

EXAM: Hemodynamically stable no organomegaly, no jaundice

LABS: Any of the following hemoglobin patterns detected on newborn screen:

FSA or FSC

Moderate sickle or target cells noted on smear

Hemoglobin 7-10 g/dL

SUGGESTED WORKUP

Immunizations are critical

Referral recommended, see green box

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Clinically asymptomatic, no jaundice

EXAM: Essentially normal exam findings

LABS: Any of the following hemoglobin patterns detected on newborn screen:

FAS, FAE/O, FAB

Some sickle or target cells noted on smear

Hemoglobin > 10 g/dL

SUGGESTED MANAGEMENT

High Risk - Pediatric Hematology will help determine etiology and management

Moderate Risk - Findings indicate of heterozygous sickle cell and/or thalassemia variants

Pediatric Hematology will help to determine etiology and management

Low Risk - Findings indicative of carrier/trait status which typically involves no intervention

Consider repeat testing when > 6 months of age

Genetic counseling

CLINICAL PEARLS

- **Immediate management of patient with homozygous sickle cell disease while awaiting referral:**
- Initiation of PenVK 125 mg PO BID
- Fever precautions – if the patient has a fever –
 - CBCD, reticulocyte count, CMP and blood culture,
 - Ceftriaxone 50mg/kg IV/IM

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.