Standard Operating Procedure: Assessment of splenectomised patients in departments of emergency medicine

Background

Overwhelming post-splenectomy infection (OPSI) is a life-threatening event. Therefore, splenectomised patients deserve special attention in departments of emergency medicine. In order to reduce the risk of OPSI, all recommended vaccinations (HIB, meningococcal, pneumococcal and influenza vaccination) need to be renewed regularly. The typical symptoms of OPSI are unspecific: flu like symptoms, fever, abdominal complaints, nausea, vomiting and diarrhoea. Note: elderly patients may not display typical symptoms of infection. These patients may only display an altered mental status.

Immediate triage and information sent to the attending physician Does the triage (blood pressure, heart rate, temperature, breathing rate, or pain), history or physical examination of the patient reveal any symptoms indicating an infection? yes

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Literature/Source

The recommendations of this SOP derive from: Engelhardt M et al. Prävention von Infektionen und Thrombosen nach Splenektomie oder funktioneller Asplenie. DGHO Onkopedia. Accessible online: https://www.onkopedia.com/de/onkopedia/guidelines/praeventionvon-infektionen-und-thrombosen-nach-splenektomie-oderfunktioneller-asplenie/@@view/html/index.html

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OPSI is a life-threatening emergency. The lethality rate is high (50-Immediate Diagnostics 70%). Most patients die within the first 24-48 hours after admission to hospital. and Therapy \checkmark Secure vital functions and surveillance of the patient. Implement a large intravenous line. Initiate fluid therapy. ECG. Initiate blood and urine analysis (blood count, blood cultures, blood gas analysis including lactate, creatinine kinase, troponin, d-dimers, ALAT, ASAT, bilirubin, creatinine, electrolytes, procalcitonin, c-reactive protein, coagulation analysis, urine analysis and culture) Are there any findings (history of the patient, thorough physical **Extended Diagnostics** examination, immediate diagnostics) indicating any other severe disease or life-threatening cause of the displayed symptoms? No Yes Perform chest X-ray, ultra sound Include your suspicion examination of the abdomen, into your approach echocardiography. computed towards the patient tomography? Initiate intravenous administration of antibiotics. Suspected abdominal focus: ceftriaxone and ciprofloxacine. Otherwise ceftriaxone and single shot gentamycine (5-7mg per kg body weight). Specific Therapy Beware of potential contraindications and recommendations concerning the need for adjusting dosages. Referral of the patient to the intermediate or intensive care unit

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