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| **Annual Review Template for Sickle Cell Disease** |  | **Under 18’s** |

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| **Patient Info.** | **Date** |  | | **Patient Name** |  | | | |
| **DOB/Age** | |  | | **NHS No.** |  | **District No.** |  |
| **Local Hospital** | | |  | | | | |
| **Local Lead Consultant** | | |  | | | | |
| **Local Lead Nurse** | | |  | | | | |
| **Diagnosis** | | |  | | | | |
| **Comorbidities** | | |  | | | | |

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| **Management** | **Acute/emergency care plan** |  |
| **Home pain plan** |  |
| **Chronic pain review** (Site? Severity? Review of analgesia, referral for pain management required?) |  |
| **Adherence to medications** |  |
| **Blood group & transfusion history** (including alloantibodies in the previous 12 months) |  |
| **No. of emergency & day unit admissions, no. of days of pain at home, use of analgesia at home** (in last 12 months) |  |

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| **Medications** | **Hydroxyurea** (date started, dose, indication, regimen min clinical effective or max tolerated, maximum tolerated dose reached, last increased, HbF%) |  |
| **Sperm storage offered for post pubertal boys?** |  |
| **Other medications** |  |

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| **Investigations** | **BP** |  | **Oxygen saturations** |  |
| **Full blood count** |  | **Renal function** |  |
| **Liver function tests** |  | **Vitamin D** |  |
| **FSH/LH/Testosterone** |  | **Ferriscan** (mg/g/dry wt.) |  |
| **TCD** |  |  | |

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| **Discussion** | **Including transfusion & mental health** | |
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| **Further** | **Referral to other specialists required** | **Y / N** (if yes, which) |
| **New treatment discussion** (Crizanlizumab, Luspartercept etc.) | **Y / N** |
| **Baseline genetic test available** | **Y / N** |
| **Transplant discussion taken place** | **Y / N / NA** |

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| **Transition** | **Date of joint meeting:** |  |
| **Future goals:** |  |
| **Provisional date for transfer:** |  |

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| **Actions** | **GP** |  |
| **Local Hospital** |  |
| **Patient** |  |

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| **Misc. ^** | **Additional Comments** |
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