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| **Annual Review Template for Sickle Cell Disease** |  | **Adult** |

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| **Patient Info.** | **Date** |  | **Patient Name** | |  | | | **NHS No.** |  |
| **Diagnosis** | | |  | | | | **Hosp. No.** |  |
| **Comorbidities** | | |  | | | | | |
| **Transfusion History** | | | Previous transfusion reactions | | Y/N |  | | |
| Alloantibodies | | Y/N specify |  | | |

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| **Review** | **Acute/emergency care plan** | Standard | 🞎 |  | |
| Individual | 🞎 |
| **Home pain plan** | Paracetamol | 🞎 |  | |
| Ibuprofen | 🞎 |
| **Acute painful episodes in last 12 months** | No. of home VOCs | |  | |
| No. of admissions with VOC | | |  |
| **Transfusion episodes in last 12 months** | Regular transfusion | | Y/N |  |
| Ad-hoc transfusions | | Y/N |  |

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| **Discussion** | **Review of last 12 months** | | |
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| **System Review** | | |
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| **Further** | **Referral to other specialists required** | Y/N |  |
| **New treatment/discussion** | Y/N |  |
| **Transplant discussion** | Y/N/NA |  |

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| **Medications** | **Hydroxycarbamide** | 🞎 |  | If needed | 🞎 |  |
| **Folic acid** | 🞎 |  | insert | 🞎 |  |
| **Crizanlizumab** | 🞎 |  | further | 🞎 |  |
| **Penicillin V** | 🞎 |  | medications | 🞎 |  |
| **Cholecalciferol** | 🞎 |  | here | 🞎 |  |

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| **Investigations** | **Examination** |  | | | |
| **BP** |  | **Oxygen saturations** | |  |
| **Echo** |  | **Renal function** | Urine ACR |  |
| Urine PCR |  |
| eGFR |  |
| **Vitamin D** |  | **Liver function** | ALT |  |
| Bilirubin |  |
| **Baseline haemoglobin** |  | **Ferriscan** (mg/g/dry wt.) | |  |

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| **Complications** | **Retinopathy** | Y/N/Unknown |  |
| **Avascular necrosis** | Y/N |  |
| **Sickle nephropathy** | Y/N |  |
| **Pulmonary hypertension** | Y/N |  |
| **Cerebrovascular disease** | Y/N |  |
| **Leg ulcers** |  |  |
| **Priapism** | Y/N/NA |  |
| **Other** |  |  |

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| **Vaccinations** | **Pneumococcal Vaccination** (5 yearly) | Date |  |
| **Influenza** (annual) | Date |  |
| **Hepatitis B** (monitor anti HBsAb yearly – booster if <100IU/ml) | Date |  |
| **Hib/Men C** | Date |  |
| **MenACWY** | Date |  |
| **Men B** | Date |  |

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| **Actions** | **GP** |  |
| **Patient** |  |

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| **Misc. ^** | **Additional Comments** |
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|  | **COVID 19 infection & vaccination status** |  |