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| **Annual Review Template for Thalassaemia Intermedia/RIA**  | **Not Regularly Transfused**  | **Adult** |

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| **Patient Info.** | **Date** |  | **Patient Name** |  |
| **NHS No.** |  | **Weight** (kg) |  | **Diagnosis** |  |
| **Comorbidities** |  |
| **Vaccination status** (if new to UK / Hep B / splenectomised) |  |

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| **Patient Monitoring** | **Transfusion indicated** (in last 12 months) |  |
| **MRI iron assessment** (2-5 yearly depending on previous result. Start at 20+ years or earlier if need >3 transfusions/year) | **Cardiac T2\*** (ms) |  | **Ferriscan** (mg/g/dry wt.)  |  |
| **Liver T2\*** (ms) |  | **Ferritin** |  |
| **Pre-transfusion Hb**  |  | **Rate of iron loading** (mg/kg/OD) |  |
| **Iron chelation** (drug/dosage/frequency) |  |
| **Adherence/compliance documentation** |  |
| **Other Medications** |  |

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| **Investigation Results** | **Creatinine** |  | **UPCR** (if on exjade) |  | **ALT** |  |
| **AST**  |  | **Bilirubin** |  | **Vitamin D**  |  |
| **Calcium** |  | **LH/FSH** (depends on iron burden) |  | **TFT** (depends on iron burden) |  |
| **OGTT/HbA1c** (depends on iron burden/family history of DM) |  | **Testosterone/oestradiol** (depends on iron burden) |  |
| **Virology (Hep B, C, HIV)** (if transfused within last year) |  | **DEXA scan** (5 yearly) |  |
| **Liver size** |  | **Spleen size** |  |
| **Eye test completed** (if on chelation) | **Y / N** | **Audiometry test completed** (if on chelation) | **Y / N** |
| **Echo** (mild phenotype: 5 yearly, moderate/severe: 1-2 yearly) |  |
| **Assessment for facial bone deformity/dental state/EMH** (e.g. rib expansion, masses in spine) |  |

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| **Discussion** | 1. **Details of activities over last 12 months** (e.g., surgery/university/starting family etc.)
2. **Wider health determinants ^** (e.g., community mental health/social care/DLA/PIP. Use local tool if further psychological/social input needed)
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| **Extra** | **Psychology assessment needed** | **Y / N** | **New treatment discussion** (Gene therapy/Luspartercept etc.) | **Y / N** |
| **Baseline genetic test available** | **Y / N** | **Transplant discussion** | **Y / N** |

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| **Actions ^** | **Tertiary hospital** |  |
| **Patient** |  |
| **Local hospital**  |  |
| **Community** |  |
| **GP** |  |

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| **Multi-system Review ^** | **Puberty/menses/sex characteristics** |  |
| **Cardiorespiratory** |  |
| **Neurology symptoms** |  |
| **Ophthalmology symptoms** |  |
| **Leg ulcers** |  |
| **Infections** |  |
| **Joint pains** |  |
| **Chronic pain** |  |
| **Pancreatic insufficiency**  |  |
| **Extramedullary haematopoiesis** |  |
| **Fractures** |  |

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