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| **Referral Form****North-West England Sickle Cell HCC MDT Meeting**  |
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| **Referral Criteria** |
| Patients of any age with any 1 of the following: |
| 1. Recurrent admissions (>5 in last 12 months)
2. Recurrent vaso-occlusive crises including chest syndrome
3. New stroke, new silent infarct, new AVN
4. Any emergency exchange
5. Consideration of Crizanlizumab/other new treatments
6. Consideration of BMT
7. Consideration of regular transfusions or exchange except for CNS risk
8. Requiring major surgery
 | * Haemolytic transfusion reactions including hyperhaemolysis
* New significant end organ damage
* Chronic / complex pain issues
* Complex pregnancies
* Any other complex cases
* HLI’s/SI’s for reporting
* Mortality review
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| Cases for referral to National Panel: |
| * Patients under consideration of HSCT
 | * Patients for consideration of new therapies
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| **Name of patient:**  |  |
| **DOB (age):**  |  | **NHS Number** |  |
| **Responsible clinician**  |  |
| **Contact details/email** |  |
| **Patient’s SHT** |  |
| **Linked Hospital** |  |
| **Primary Diagnosis:** |  |
| **Co-morbidities** |  |
| **Current Treatment(s)**  |  |
| **History:** |  |
| **Points for discussion**: |  |
| **Any other information:***Scans & specialist investigations received (Cardiac T2\* ferriscan, TCD result, MRI/A, other imaging)* |  |