



New patient checklist: Sickle Cell Disease

Minimum dataset to be entered into CAS is highlighted (information on how to enter data on CAS available in [SPA Quick Guide](#))

PATIENT DETAILS

Name:	
DOB/CHI:	
Date of first review:	

TYPE OF REFERRAL

Newborn Screening	
New Diagnosis (not NBS)	
Transfer from another area	

Condition type:	
Date of confirmation:	
Method of confirmation:	

HISTORY

Clinical history if appropriate:	
Social history including education:	
Family history:	

REGULAR/AS REQUIRED MEDICATION

Penicillin/other			Regular
Folic acid			Regular
Paracetamol			PRN
Ibuprofen			PRN
Hydroxycarbamide			= mg/kg
Chronic transfusion		Date commenced	
Chelator		Date commenced	

SERIOUS ALLERGIES

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VACCINATIONS

Vaccinations history: (Routine and pneumococcal)	
Vaccinations due:	

OBSERVATIONS/EXAM

Height:		Centile:		O ₂ Sats in air:	
Weight		Centile:		HR/BP:	
BMI:		Centile:		Spleen Palpable:	

INVESTIGATIONS

FBC, retics, film
UE/Cr, LFTs, Ca/Mg/PO₄, Vit D
HPLC/ genetics
G6PD
G&S with extended phenotype
Viral serology: HIV/Hepatitis

WRITTEN INFORMATION/EDUCATION MATERIALS PROVIDED OR DISCUSSED:

Contact information for department	
CAS database information and consent form	
Parents' guide to Sickle cell disease	
Note SPAH website address for GP letter and send GP information sheet from website	
As appropriate:	
<ul style="list-style-type: none"> • TCD information leaflet 	
<ul style="list-style-type: none"> • Transition planning 	
<ul style="list-style-type: none"> • Advice re family screening/ antenatal counselling 	
<ul style="list-style-type: none"> • Acute and chronic complications to be discussed over first 6 months • to include pain management, ACS, stroke, priapism 	

Date of next appointment:	
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