



# Annual Review Checklist: Transfusion Dependent Thalassemia

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 annual review:	
Disease sub-type:	
Co-morbidities:	

## CLINICAL HISTORY

Number of Hospital admissions in the past 12 months:	
Reasons for admissions:	
Transfusion issues/ venous access:	
Education:	

## REGULAR/AS REQUIRED MEDICATION

Chronic transfusion	
Total volume transfused	
Midyear weight	
ml/kg/year	
Antibodies	

Chelator (s)	Date commenced	Dose	Dose/kg

### SERIOUS ALLERGIES

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### VACCINATIONS

Vaccinations due:	
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### OBSERVATIONS/EXAM

Height:		Centile:	
Weight		Centile:	
BMI:		Centile:	
Tanner staging from age 10:			

Sitting height:	
HR/BP:	
Spleen Palpable:	

### ANNUAL INVESTIGATIONS

(See Guideline for [Iron Overload and Chelation](#) for investigation of patients on chronic transfusion)

Pre transfusion Hb range:	
Creatinine:	
LFTs:	
Ferritin (start and end of year):	
Retic:	
UPCR (from 15yrs):	
HepC serology, HepBsAg titre :	
Endocrine investigations as per endocrine guideline:	
Liver/Cardiac MRI (date/result/follow-up): <i>(by age 7 when able to tolerate without GA)</i>	

### WRITTEN INFORMATION/EDUCATION MATERIALS PROVIDED OR DISCUSSED:

Transition information – ready, steady, go (age 11+yrs onwards):	
Transplant options discussed: Tissue typing/ Sibling typing/ VUD search as appropriate	