



# Annual Review 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:	
Age:	
Date of annual review:	
Disease sub-type:	
Co-morbidities:	

## CLINICAL HISTORY

Number of Hospital admissions in the past 12 months	
Reasons for admissions	
Number and severity of crises	
Days missed from school in last 12 months	
Transfusions in last 12 months	
Education	
Other problems (including snoring, priapism, nocturnal enuresis, travel)	

### 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

--

### VACCINATIONS

Vaccinations given in last 12 months:	
Vaccinations due: (5 yearly 23 valent pneumococcal, annual seasonal flu)	

### OBSERVATIONS/EXAM

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

### ANNUAL INVESTIGATIONS

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

Hb range:		Retic:	
HbF range (if on HU):			
Renal function:		UPCR:	
LFTs:		Vitamin D:	
TCD (date/result/followup):			
Ferriscan(date/result/follow-up): (If on transfusion/chelation)			
Ophthalmology (HbSC or chelation):			
Echo inc TJV (if applicable):			

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

Transition information – ready, steady, go (age 11+yrs onwards):	
--	--

### PLAN:

Investigations:	
Treatment changes:	
Date of annual review:	