|  |  |
| --- | --- |
| *Local hospital acute contact details**Link to Patient management documents*<http://nssg.oxford-haematology.org.uk/red-cell/red-cell.html> | Hospital address |

**Individualised Sickle Cell Care Plan**

**(*Haematologist/Specialist Nurse to complete*. *Patient to retain PDF copy. Ensure copy saved in patient record)***

|  |
| --- |
| *Personal details* |
| Surname: | Hospital Number: |
| Forenames: | NHS Number: |
| DOB: | Sex: |
| NOK: |
| Height: | Weight: |
| *Clinical details* |
| Sickle Genotype: |
| Medical/Surgical history: (ICU admissions/chest crises?) |
| Allergies: |
| Transfusion top up programme:Transfusion threshold: | Planned Automated Exchange:Frequency: |
| Hydroxycarbamide: Yes No | Stable dose? | Requires frequent monitoring? |
| Ferritin: | Chelation: |
| Steady state values | Hb(g/l): | Retics (%): | O2 sats on air (%):  |
| *Analgesia plan* |
| Home: Routine |
| Home : Escalation |
| Inpatient:Refer to online protocols <http://nssg.oxford-haematology.org.uk/red-cell/red-cell.html> |
| *Other supportive care?* |
| Number of admissions in the last 12 months:  |
|  |  |
|  |  |
| *Additional information* |
|  |
| Completed by: | Date: |