|  |  |
| --- | --- |
| *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: | | |