Patient presents with Sickle Cell disease and Thalassaemia

SCD is common and affects 1 in every 2,000 live births in England. (NICE – Nov 2016)

Thalassaemia B major – a haemoglobin disorder. Requires regular transfusion

Acute painful crisis

Initial assessment of symptoms

Is the patient in pain?

1. Has the patient had analgesia at home
2. Is the pain improving
3. Assess potential triggering factors:
   - Infection is the most important
   - Dehydration

GP can consider oral pain (PO) relief if not given in last 4 hours

1 & 2 can be given in combination with 3, 4 or 5
1. Paracetamol (1g)
2. Ibuprofen (400 mg)
3. Codeine (30-60 mg)
4. Dihydrocodeine (30-60 mg)
5. Tramadol (50-100 mg)

If pain does not respond discuss with Consultant Haematologist – Dr Dimitris Tsitsikas, refer to MDU or A&E

MDU – Homerton Hospital
Mon-Fri, 9 am-5 pm
Tel: 0208 510 5169/5031

Chronic disease management

Annual Review

Complications: Acute

Chest syndrome
Any of the following symptoms:
- Chest pain
- Fever
- Sob
- Low Po2 saturation
Refer urgently to A&E (call 999)

Proliferative Retinopathy
Patients reporting any visual symptoms

Priapism
Lasting longer than 2 hours. Refer urgently to A&E

Complications: Chronic

Avascular Necrosis
- Chronic pain in large joints not settling with analgesia
- Refer to specialist sickle service

Cholecystitis
If acute refer to surgical team

Chronic renal failure
- Monitor CKD
- Refer to specialist sickle service or virtual renal clinic

Hypertension
- Treat aggressively to keep systolic below 130 mmhg
- Follow renal team guidance on sickle cell nephropathy

Sickle cell Review
- BP, weight, height, BMI, renal function
- Record exchange transfusion
- Record history of priapism
- Record history of leg ulcers
- Depression screening – consider referral to IAPT/Social Prescribing /Time to Talk
- Refer directly to sickle cell psychology services – Homerton Hospital via email: huh-tr.homertonsicklepsychology@nhs.net

Medication Review
All patients need:
1. Penicillin V 250mg BD
2. Folic Acid 5mg OD
3. Vitamin D (colecaciferol 20,000 units weekly provided by GP lifelong
4. Analgesia (as recommended by specialist team)
Some patients will have DMARDs – Hydroxyurea (use High Risk drug template)
Currently no shared guideline so Hospital Only drugs

Immunisations
All patients require:
1. Pneumovax every 5 years
2. Annual flu immunisation. Full guidelines to follow

Lifestyle advice
- Encourage oral fluids
- Encourage attendance at outpatient appointments
- Travel advice – all patients require malarial prophylaxis and travel immunisations

Contraception
- Offer contraception and sexual health screening – sexual health template
- Offer pre-conception advice

Maternity
Pregnant women with sickle cell disease need referral to the joint obstetric and haematology clinic

Any queries
Dr Dimitris Tsitsikas, Consultant Haematologist (via Homerton Switchboard 0208 510 5555) or Natasha Lewis, Lead Nurse, Sickle Cell and Thalassaemia, (Not available Thursdays), The Sickle Cell and Thalassaemia Centre, 457 Queensbridge Rd, Hackney, E8 3AS. Tel: 0207 683 4570, Mob: 07970 829 335, Fax: 0207 254 3364
For commissioning and quality: Dr Jenny Darkwah (GP Clinical Lead), email: jenny.darkwah@nhs.net

Patient Support Group (Solace)
Monthly meeting 3rd Tuesday of the month, 5.30 – 7.30 pm
Matthews Duncan Seminar Room

Authors and date: Jenny Darkwah, (GP Clinical Lead), Dimitris Tsitsikas, (Consultant Haematologist), September 2017. Review date: September 2019