Co-managing Hydroxyurea* monitoring for Adult Patients with Sickle Cell Anemia

Adults 18 years and older with Sickle Cell Anemia (HbSS, HbSb0thal) and 3+ painful crises in 12 months. Sickle cell pain or severe symptomatic chronic anemia that interferes with daily activities or quality of life, or history of Acute Chest Syndrome.

On hydroxyurea?
- No → Consult with Sickle Cell Specialist about need to initiate.
  - Patient Handout
  - Evidence-Based Management of Sickle Cell Disease Quick Guide
    (pages 31-34)

  *Hydroxyurea is a teratogen.* Reproductive Planning is very important. Discuss recommendation for Long Acting Reversible Contraceptive (LARC) for adolescent females if on Hydroxyurea. Progesterone-only contraception may be preferable. Current recommendation is to discontinue Hydroxyurea for men and women before a planned pregnancy and for women while breastfeeding.

Consistently taking doses? (missing no more than 1 dose per week?)
- No → Emphasize importance of taking as directed and benefits

  Yes

On stable dose for at least 2 months?
- No → Consult with Specialists about dose and monitoring until on stable dose.

  Yes

Monitor CBC, reticulocyte count at least every 3 months (every month if possible) while on stable dose

  Absolute Neutrophil Count (ANC) ≥2,000/μL
  Platelets ≥80,000
  Absolute Reticulocyte Count (ARC) ≥80,000

  Yes

  Acute leg ulcers?

  Yes → Hold dose and consult with Sickle Cell Specialist about needed dose change

  No → Continue on current dose*

  No

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