

**Plan of Care for Sickle Cell Disease
Age 12 years through 18**

VISIT ONE - (12-13 Years) INTRODUCTION TO TEEN CLINIC				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
CMP				
LDH				
Blood Smear				
UA				
Random Urine Protein and Creatinine				
Cystatin C				
25-OH Vitamin D				
DIAGNOSTIC IMAGING				
CT DEXA Clinical Whole Body				
Additional DI order for HU patients:				
NM Liver Spleen Scan				
NM Plasma Clearance OPD Plan				
IMMUNIZATIONS				
Verify administration of Pneumovax, Prevnar, and Hepatitis B vaccines				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Discuss the role of case manager in Teen clinic				
Provide welcome, dental, and travel letters				X
Provide Medical ID Card,(allergies, medications, contact numbers) refrigerator magnet				
Review educational plan		X		
Introduce concept of Transition to Adult Care (Transition Policy)				X
Discuss Pain in SCD, Fever, Hydration, Infection and complications of SCD		X		
DYK: Psychology Clinic		X		
Administer Pre/Post Quiz 1			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
History/Physical				
Review laboratory results				
Discuss general overview of NP/PA role in Teen clinic and the concept of PCP				
Introduce concepts of autonomy and responsibility				
Discuss medical privacy issues with parents and teen. Inform parents they will be asked to leave the room for private medical discussions at certain visits.				
ANCILLARY SERVICES				
TCD Nurse	TCD visit for Hb SS/SB ⁰ patients as indicated; stroke education	X		

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Ophthalmologist	Eye exam every yr for Hgb SC and every other year for all others, unless clinically indicated			
Cardiopulmonary	PFT every 3 years unless clinically indicated			

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VISIT TWO - (12-13) COMPLICATION OF SICKLE CELL PART I/ NEUROPSYCHOLOGY SCREENING				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
Blood Smear				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Review pain and fever management and hydration		X		
Treatment options		X		
Administer Pre/Post Quiz 2			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
Review laboratory results				
SCD treatment options and research				
HU and pregnancy prevention				
Address any educational concerns (order neuropsych testing if needed, etc.)				
ANCILLARY SERVICES				
TCD Nurse	TCD visit for Hb SS/SB ⁰ patients as indicated; stroke education	X		
Social Work	- Introduction to Social Worker services - General assessment			
Neuropsychology	Neuropsychological screening (if full testing has not already been completed)			

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Visit Three - (13-14 Years) HEALTH PROMOTION & STARR First Visit Without Parents				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
CMP				
LDH				
Blood Smear				
25-OH Vitamin D				
UA				
Random Urine Protein and Creatinine				
Cystatin C				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Diet/Nutrition				
SCD and Sexuality		X		
SCD and alcohol and drug		X		
Exercise and activity including sports participation				X
Administer Pre/Post Quiz 3			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
Exercise/sports participation				
Evaluate weight/height for nutrition consult				
ANCILLARY SERVICES				
TCD Nurse	TCD visit for Hb SS/SB ⁰ patients as indicated; stroke education	X		
STARR coordinator	<ul style="list-style-type: none"> - Obtain release of information - Completion of Interest inventory - Review results of interest inventory and application to academic career - Check current school status - Provide parents relevant information/ resources 	X	X	
Ophthalmologist	Eye exam every yr for Hgb SC and every other year for all others, unless clinically indicated			

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VISIT FOUR - (13-14 Years) SICKLE CELL REVIEW				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
Blood Smear				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Review types of SCD		X		
DYK: Blood counts, Hemoglobin, and Sickle Cell Disease		X		
Administer Pre/Post Quiz 4			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
Understanding lab results				
Review laboratory results				
Review Peripheral Blood Smears with patient and family				
ANCILLARY SERVICES				
TCD Nurse	TCD visit for Hb SS/SB ⁰ patients as indicated; stroke education	X		

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VISIT FIVE - (14-15 Years) COMPLICATIONS OF SICKLE CELL DISEASE- PART II				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
CMP				
LDH				
Blood Smear				
25-OH Vitamin D				
UA				
Random Urine Protein and Creatinine				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Complications if sickle cell: Stroke, AVN, ACS,		X		
DYK: ACS		X		
Administer Pre/Post Quiz 5			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
ACS				
Stroke				
AVN				
ANCILLARY SERVICES				
Ophthalmologist	Eye exam every yr for Hgb SC and every other year for all others, unless clinically indicated			

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VISIT SIX- (14-15 Years) COMPLICATIONS OF SICKLE CELL DISEASE- PART II				
General Information	Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy	
LABS and Diagnostic Studies				
CBC				
Blood Smear				
Retic				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Complications if sickle cell: Osteomyelitis, Retinopathy, Priapism, Gallstones		X		
DYK: Priapism		X		
DYK: Gallstones		X		
DYK: Retinopathy		X		
Administer Pre/Post Quiz 3				
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
Priapism				
Gallstones				
AVN				
Sickle Retinopathy and importance of regular eye exam				
ANCILLARY SERVICES				
Cardiopulmonary	PFT every 3 years unless clinically indicated			

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VISIT SEVEN - (15-16 Years) EDUCATIONAL PLANNING				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
CMP				
LDH				
Blood Smear				
25-OH Vitamin D				
UA				
Random Urine Protein and Creatinine				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Review pain and fever management and hydration		X		
Self-skills Survey			X	
Patient Identification Card				
Review pain/ fever management				
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
History/Physical				
Review laboratory results				
ANCILLARY SERVICES				
STARR Coordinator	<ul style="list-style-type: none"> - Review STARR services - Discuss current school situation (grades, absences, specific school-related issues) - Provide information about advocacy. 	X		
Social Work	PHR #1		X	
Ophthalmologist	Eye exam every yr for Hgb SC and every other year for all others, unless clinically indicated			

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VISIT EIGHT - (16 Years) GENETIC EDUCATION & SOCIAL WORK FOCUS				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
Blood Smear				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TEEN NURSE CASE MANAGER				
Obtain updated demographic information				
Review pain and fever management and hydration		X		
Review Skill Survey (if needed)				
Review quiz			X	
NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
History/Physical				
Review laboratory results				
Follow up on genetic teaching-answer any outstanding questions				
ANCILLARY SERVICES				
Social Work	PHR#2		X	
Genetics Educator		X	X	
Neuropsychology	Neuropsychological screening (if full testing has not already been completed)			

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VISIT NINE- (17 Years) TRANSITION PLANNING; GENETIC EDUCATION REVIEW, & NEUROPSYCHOLOGY SCREENING				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
CMP				
LDH				
Blood Smear				
25-OH Vitamin D				
UA				
Random Urine Protein and Creatinine				
DIAGNOSTIC IMAGING				
CT DEXA Clinical Whole Body				
Additional DI order for HU patients:				
NM Liver Spleen Scan				
NM Plasma Clearance OPD Plan				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TRANSITION NURSE CASE MANAGER				
Obtain updated demographic information				
Transition Planning				
Discuss Teen Tour				
Quality of Life: Pain (Pre & Post Quiz)			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
History/Physical				
Review laboratory results				
Identify specific sickle cell complications of individual patients in relation to their appropriate participation level				
ANCILLARY SERVICES				
TCD Nurse	TCD visit for Hb SS/SB ⁰ patients as indicated; stroke education	X		
Ophthalmologist	Eye exam every yr for Hgb SC and every other year for all others, unless clinically indicated			
Genetics Educator	Follow Up Quiz		X	

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VISIT TEN- (17 Years) GENERAL SCD REVIEW				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
Blood Smear				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TRANSITION NURSE CASE MANAGER				
Obtain updated demographic information				
Review SCD pathophysiology, treatment options, and management of complications				
Transition Information		X		
Virtual Mentor Program Information		X		
Skills Survey			X	
Administer Quiz 4			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
History/Physical				
Review laboratory results				
ANCILLARY SERVICES				
STARR	<ul style="list-style-type: none"> - Assess student's future goals to match declared academic track - Provide information about community resources, such as Vocational Rehabilitation, Job Corps, - Review post-secondary admission requirements - Check on current status of educational plan and progress (school meeting dates, grades, absences, other school related needs) - Discuss results of neurocognitive screen 			
Social Work	<ul style="list-style-type: none"> -Discuss Advanced - Directives -Insurance Issues -Government Benefits 	X		
Cardiopulmonary	PFT every 3 years unless clinically indicated			

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VISIT ELEVEN - (18 Years) TRANSITION PLANNING				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC				
Retic				
CMP				
LDH				
Blood Smear				
25-OH Vitamin D				
Parvovirus B19 Antibody Panel EIA				
UA				
Random Urine Protein and Creatinine				
Cystatin C				
IMMUNIZATIONS				
Review (vaccinations as needed)				
TRANSITION NURSE CASE MANAGER				
Medical Records Release Form				
Adult care appointment				
Transition Readiness Assessment			X	
NURSE PRACTITIONER / PHYSICIAN ASSISTANT				
History/Physical				
Review laboratory results				
Discuss importance of keeping appointments				
Discuss how to get RX's filled				
Case summary				
Transition Certificate				
ANCILLARY SERVICES				
STARR	<ul style="list-style-type: none"> - Discuss Vocational Rehab application status and documentation - Discuss financial aid, housing, and transportation needs related to occupational training - Discuss registering with Office of Disability/Student Services 			
Social Work	<ul style="list-style-type: none"> - Advanced Directives - Insurance issues - PHR #3 	X	X	

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VISIT ONE: INTRODUCTION TO THE TRANSITION CLINIC				
General Information	Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy	
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
CMP	X			
LDH	X			
Hemoglobin Identification	X			
UA	X			
Protein/creatinine ratio (spot urine)	X			
Review current HGB Identification	X			
Hepatitis Profile (Hep A and B serology)	X			
BNP (if cardiac symptoms)	X			
HIV screen	X			
Serum ferritin (if history of prior transfusions)	X			
C-reactive protein level	X			
Order baseline EKG if not done in the past 3 years. Order echo if symptomatic or use of cardiac medication	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
Introduction to Adult Transition clinic	X			
Provide welcome packet	X			
Discuss the role of Transition case manager in CSCC	X			
Provide Medical ID Card, review allergies, medications, and contact numbers	X			
Offer virtual mentorship program and consent for it	X			
Review pain educational plan and provide brochure on Pain Management		X		
Provide pocket size event calendar		X		
Discuss Pain in SCD, Fever, Hydration and complications of SCD				
Administer questionnaire-Basic information about SCD (quiz #1)			X	
Review eligible research studies	X			
MD/NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Discuss general overview of MD/NP/PA role in Adult Transition clinic	X			
Review medical records	X			
Complete history/physical	X			
Review laboratory results	X			
SOCIAL WORK				
Discuss: Insurance coverage, Transportation, Living arrangements, Advance directives	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT TWO: CHRONIC COMPLICATIONS: RETINOPATHY, AND NEUROLOGIC COMPLICATIONS (4 months after Visit 1)	Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies			
CBC with differential	X		
Reticulocyte count	X		
U/A	X		
Hemoglobin Identification	X		
Order dilated eye exam if not done in the past year (for HbSC) or past 2 years for other genotypes. Recommendation: yearly for HbSC and every other year for other genotypes	X		
Order baseline pulmonary function studies if not done in the past 3 years	X		
Order MRI/MRA brain if not done in the past 3 years	X		
IMMUNIZATIONS			
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X		
TRANSITION NURSE CASE MANAGER			
Obtain updated demographic information	X		
Review management of pain and fever	X		
Evaluate pain mgt (interval VOC, ED, IP)	X		
Provide education on Sickle Cell Retinopathy, and brain damage	X		
Administer follow up Questionnaire Basic information about SCD (repeat quiz #1)	X		
Review participation on virtual mentorship program	X		
MD/ NURSE PRACTITIONER/PHYSICIAN ASSISTANT			
Review laboratory results	X		
Reinforce education	X		
Address any educational issues or health concerns	X		
Interval history	X		
SOCIAL WORK			
Discuss: Vocational goals, Independent living, Transportation, Insurance coverage	X		
PHARMACY			
Medication education/compliance	X		

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VISIT THREE: HEALTH PROMOTION AND PRIAPISM (4 months after Visit 2)				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
CMP	X			
Hemoglobin Identification	X			
LDH	X			
UA	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
SCD and Sexuality Sexually transmitted diseases SCD and alcohol and drug Exercise and activity including sports participation	X	X		
Education on Priapism				
Nutrition and SCD	X			
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
HU and pregnancy prevention	X			
Review participation on virtual mentorship program	X			
MD/NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce education	X			
Address any educational issues or health concerns	X			
Interval history	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT FOUR: SICKLE CELL KNOWLEDGE REVIEW, AND LEG ULCERS HYPERTENTION (6 months after Visit 3)				
General Information	Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy	
LABS and Diagnostic Studies				
CBC with differential	X			
Hemoglobin Identification	X			
Reticulocyte count	X			
Protein/creatinine ratio (spot urine)	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
Review types of SCD and discuss specifics of patient diagnosis	X			
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
Education on Leg ulcers	X			
Review participation on virtual mentorship program	X			
Administer questionnaire-Advanced information about SCD (quiz #2)	X			
Review eligible research studies	X			
MD/NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce education	X			
Address any educational issues or health concerns	X			
Interval history	X			
SOCIAL WORK				
Discuss: Vocational goals, Independent living, Transportation, Insurance coverage, Advance directives	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT FIVE: COMPLICATIONS OF SICKLE CELL DISEASE: ACUTE CHEST SYNDROME (6 months after Visit 4)				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
CMP	X			
Hemoglobin Identification	X			
LDH	X			
UA	X			
Order dilated eye exam if not done in the past year (for HbSC) or past 2 years for other genotypes. Recommendation: yearly for HbSC and every other year for other genotypes	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
Education on Acute Chest Syndrome	X	X		
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
Review participation on virtual mentorship program	X			
MD/NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce priapism education	X			
Address any educational issues or health concerns	X			
Interval history	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT SIX: COMPLICATIONS OF SICKLE CELL DISEASE: AVASCULAR NECROSIS (6 months after Visit 5)				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
Hemoglobin Identification	X			
Protein/creatinine ratio (spot urine)	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
Education on AVN	X			
Obtain updated demographic information	X			
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
Review participation on virtual mentorship program	X			
Annual data collection forms for HRSA	X			
MD/NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce AVN education	X			
Address any educational issues or health concerns	X			
Interval history	X			
SOCIAL WORK				
Discuss: Vocational goals, Independent living, Transportation, Insurance coverage, Advance directives	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT SEVEN: COMPLICATIONS OF SICKLE CELL DISEASE: NEPHROPATHY				
(6 months after Visit 6)				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
Hemoglobin Identification	X			
CMP	X			
LDH	X			
UA	X			
Order dilated eye exam if not done in the past year (for HbSC) or past 2 years for other genotypes. Recommendation: yearly for HbSC and every other year for other genotypes	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza				
TRANSITION NURSE CASE MANAGER				
Education on renal disease in SCD	X			
Obtain updated demographic information	X			
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
Review participation on virtual mentorship program	X			
MD/NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce education on leg ulcers	X			
Address any educational issues or health concerns	X			
Interval history	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT EIGHT: GENETIC EDUCATION (6 months after Visit 7)				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
Hemoglobin Identification	X			
Protein/creatinine ratio (spot urine)	X			
Screening echo/EKG (repeat once every 3 years of prior was normal)	X			
Screening PFTs (repeat once every 3 years of prior was normal)	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
Education on sickle cell disease hereditary	X			
Obtain updated demographic information	X			
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
Review participation on virtual mentorship program	X			
Annual data collection forms for HRSA	X			
MD/NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce sickle cell genetic education	X			
Address any educational issues or health concerns	X			
Interval history	X			
SOCIAL WORK				
Discuss: Vocational goals, Independent living, Transportation, Insurance coverage, Advance directives	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT NINE: REVIEW OF PAIN MANAGEMENT (6 months after Visit 8)				
General Information	Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy	
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
CMP	X			
Hemoglobin Identification	X			
LDH	X			
UA	X			
Order dilated eye exam if not done in the past year (for HbSC) or past 2 years for other genotypes. Recommendation: yearly for HbSC and every other year for other genotypes	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
Obtain updated demographic information	X			
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
Review participation on virtual mentorship program	X			
NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce pain education	X			
Address any educational issues or health concerns	X			
Interval history	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			

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VISIT TEN: LEAVING THE TRANSITION CLINIC (6 months after Visit 9)				
General Information		Booklet/ Fact Sheet	Quiz/ Questionnaire	Clinic Letter/ Policy
LABS and Diagnostic Studies				
CBC with differential	X			
Reticulocyte count	X			
Hemoglobin Identification	X			
Protein/creatinine ratio (spot urine)	X			
IMMUNIZATIONS				
Verify and update immunizations Recommendation: Pneumovax once every 10 years, menactra once every 5 years, prevnar 13 at least once, hep B series completed, yearly influenza	X			
TRANSITION NURSE CASE MANAGER				
Obtain updated demographic information	X			
Review management of pain and fever	X			
Evaluate pain mgt (interval VOC, ED, IP)	X			
Review participation on virtual mentorship program	X			
Discuss transition to "older" SCD clinic (above 25 years of age)	X			
Annual data collection forms for HRSA	X			
NURSE PRACTITIONER/PHYSICIAN ASSISTANT				
Review laboratory results	X			
Reinforce education	X			
Address any educational issues or health concerns	X			
Interval history	X			
SOCIAL WORK				
Discuss: Vocational goals, Independent living, Transportation, Insurance coverage, Advance directives	X			
PHARMACY				
Review current medication(s) and discuss methods to improve adherence if on chronic medication use	X			