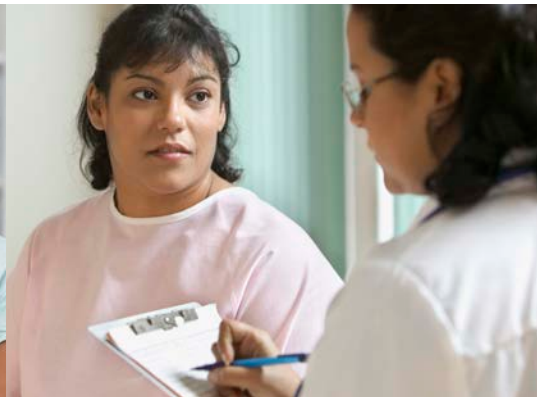
Evidence-Based Management of Sickle Cell Disease

Expert Panel Report, 2014: Guide to Recommendations





U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute

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Acute Anemia

1. During all acute illnesses in people with SCD, obtain a CBC and reticulocyte count, repeat daily in all hospitalized patients, and compare the results with the patient's prior measurements. **(Consensus–Panel Expertise)**

2. Assess people with SCD whose hemoglobin concentration is 2 g/dL or more below their baseline (or less than 6 g/dL when the baseline is unknown) for acute splenic sequestration, an aplastic episode, a delayed hemolytic transfusion reaction, ACS, and infection. **(Consensus–Panel Expertise)**

3. Use simple transfusion in people with SCD and acute anemia whose symptoms are due to anemia. **(Consensus–Panel Expertise)**

4. Perform a CBC and reticulocyte count promptly and again 7 to 10 days later in siblings and others with SCD who are exposed to a person with an aplastic episode. **(Consensus–Panel Expertise)**

5. Manage aplastic events with immediate red blood cell transfusion aimed at restoring the hemoglobin to a safe (not necessarily baseline) value. Isolation of hospitalized patients (droplet precautions) is required to prevent spread of the parvovirus B19 to pregnant women and others with SCD or compromised immunity. **(Consensus–Panel Expertise)**

Splenic Sequestration

1. In people with hypovolemia due to severe acute splenic sequestration, immediately provide IV fluid resuscitation. **(Strong Recommendation, Low-Quality Evidence)**