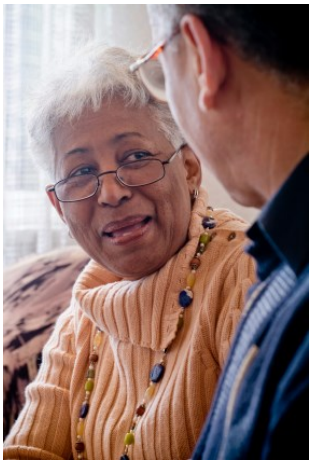
# Sickle Cell Disease in Adults

## Tips to Remember:

☑ New! If you have the following, talk to your sickle cell specialist about hydroxyurea:

- 3+ pain crises/12 months
- Pain that interferes with daily activities and quality of life
- History of severe/recurrent Acute Chest Syndrome
- Severe symptomatic anemia
- Chronic kidney disease
- Taking erythropoietin



☑ Regular visits with your primary care physician AND sickle cell specialist 2 times per year.

☑ Work with your sickle cell specialist to develop a personal pain plan for home and Emergency Department.

☑ Being on birth control is very important when taking hydroxyurea. If you are pregnant, planning to be pregnant, or breastfeeding, you should stop taking hydroxyurea.

☑ Talk to your doctor about a need for Meningococcal and Pneumococcal vaccines.

☑ Make sure to tell a new doctor and Emergency Department provider that you have sickle cell disease.

☑ Dental cavities can lead to swelling and worsen pain-make sure to have regular visits with your dentist.

☑ Fever is very serious, please seek medical attention right away.

☑ Asthma flare-ups can lead to sickle cell crisis. Make sure your asthma is in control. If you have breathing problems, please seek medical attention right away.

# Sickle Cell Disease in Adults

**Primary Care Provider:**
Name: _____
Contact: _____
_____

**Sickle Cell Specialist:**

Name: _____

Contact: _____

_____

**Care Manager:**

Name: _____

Contact: _____

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**Sickle Cell Educator Counselor:**

Name: _____

Contact: _____

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*Developed by Community Care of North Carolina, the NC Division of Public Health; the comprehensive sickle cell centers at Carolinas Health Care, Duke University, East Carolina University, University of North Carolina at Chapel Hill, Mission, and Wake Forest University; and primary care physicians from across NC. Adapted from the 2014 NIHLBI guidelines for Evidence-Based Management of Sickle Cell Disease.*

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