Welcome to the Clinic!

Attached you will find a guide to reviewing patients in the clinic.

You may be offered text books to borrow during a month’s attachment to the clinic. A resource you may find helpful is: http://guides.library.utoronto.ca/hemoglobinopathies

Please let us know if you wish to receive articles on any aspect of the disorders you see.

Clinic is located on 7th floor of the Norman Urquart Building at TGH. The Medical Day Unit (MDU) is located on the second floor.

The clinic staff are:
- Admins: Omar Florez and Dorothy Ma
- Nurse Practitioners: Colleen Johnson and Kate Uchendu
- Physicians: Drs Andrew Binding, Kevin Kuo, Jacob Pendergrast, and Richard Ward
- Social Worker: Heather Gordon
- Transition Navigator: Brooke Allemang

Your attending staff will enter any orders in EPR and complete the blue follow-up sheet. Please dictate a clinic note according to the attached guides and edit the notes in CLiP the next day.

You must let us know in advance if you are unable to attend any scheduled clinics.

Richard
Richard Ward MSc, MRCP (UK), FRCPath (UK)
Red Blood Cell Disorders Clinic, Toronto General Hospital
**SCD Clinic Guide**

**Diagnosis**
Phenotype (e.g., SCD-SS / SCD-SC / SCD-S/βthal)
Significant past SCD events (ACS, CVA, ICU admissions, operations, etc)
Current SCD problems (priapism, pain syndrome, etc)
Other medical diagnoses

**Meds & Vaccines:**
Current drugs – include mg/kg/d dose for chelators, and compliance with Hydroxyurea or chelator. For opioids, dictate each type, strength, and frequency of use.
Allergies
Date when Menactra is next due

**Management Plan: see flowsheet, EPR for order sets:**
Labs
Imaging
Referrals
Next visit
cc list – ensure up to date prior to dictation.
For opioids, dictate each type, strength, and how many prescribed today.

**Pain:**
No of admissions to hospital in last year/since last visit
No of crises managed at home since last visit/frequency in last year
Analgesia used and reasons for not using certain drugs, side-effects.
Chronic pain syndrome/opiate dependency, aberrant behaviours
Precipitants of crises – menses, housing issues, inappropriate job, psychological stresses

**Transfusion & Chelation:**
Chronic: simple, partial manual or exchange
Recent acute transfusions
Units and freq
Specific requirements, abs, reactions
Access (line/port/vein), anticoagulation and complications
Other facilities where transfused since last visit (alert Blood Bank)

Chelation – see thalassemia section for details
Ferritin
MRI liver result and date, and next scheduled scan
Hepatitis B immunity

**Neuro:**
Headaches, visual disturbance, TIA symptoms
Date of last MRI/A
Previous laser or surgery to eye
Ophthalmology Referral: q2yr if previously normal
**Cardiac:**
chest pain, SOB, exercise tolerance, palpitations
exercise and weights training
Date of last cardiology appt if seen.
ECHO (q5yr if previously normal) – RVSP/TRJV, LA size and EF, ECG, BNP

**Respiratory:**
History of ACS, PE, restrictive lung disease
SOB, pneumonias, exercise tolerance, pleuritic chest pain
Previous PFTs

**GI:**
Sequestration history
Gallstones
Cholecystectomy/splenectomy

**GU/Renal:**
Nocturia, hyposthenuria
Urinalysis result
Priapism (males)
Obstetric history, menses, COCP (females)
Family planning

**Dermatology/MSK:**
Keloid, leg ulcers
AVN symptoms in hips, shoulders
Surgery for AVN, physiotherapy
XRays or MRI of joints
Dietary calcium, vitamin D supplements, exercise, smoking, caffeine intake.
DEXA scan

**Immunisations:**
See back of blue sheet for detailed protocol: Flu shot (q1yr), Meningococcal shot (q5yr), Pneumococcal (complete course) and HiB (one time booster)

**Social**
Local Hospital
Job – inappropriate tasks
Education – time missed
Housing issues
Social work request
Psychiatry support request
Health benefits

**Examination**
**Summary**
**Thalassemia/Iron Overload Clinic Guide**

**Diagnosis:**
- Phenotype (βthal, E/βthal, Intermedia/NTDT/TDT vs Major/TDT, Diamond Blackfan, etc)
- Significant past Thal events (major transfusion reactions, ICU admissions, surgeries, etc)
- Current Thal complications/ end organ damage (endocrinopathies, iron overload, etc)

**Meds:**
- Current drugs - include mg/kg/d dose for chelators, and compliance.
- Allergies
- If asplenic, date when Menactra is next due

**Management Plan – see flowsheet, EPR for order sets:**
- Labs
- Imaging
- Referrals
- Next visit
- cc list – ensure up to date prior to dictation

**Transfusion:**
- Units and freq
- Specific requirements, abs, reactions
- Access (line/port/vein), anticoagulation and complications
- Other facilities where transfused since last visit (alert Blood Bank)
- Hepatitis B immunity

**Chelation:**
- Any change to chelation regimen since last visit.
- Adherence, tolerability and side effects.
- Deferoxamine: Ophthalmology & audiology review date (q1yr)
- Deferiprone: neutropenia, arthralgia, ALT
- Deferasirox: GI, Cr, UA, ALT

**Cardiac:**
- chest pain, SOB, exercise tolerance, palpitations
- exercise and weights training
- Date of last cardiology appt if seen.
- MRI heart – EF and T2* result with last date, and next scheduled scan

**GI:**
- Ferritin
- MRI liver –LIC result with last date, and next scheduled scan
- Hepatitis C status and previous Hep C treatment
- US liver q6m if cirrhosis
- Gallstones
- Cholecystectomy/splenectomy
**Endocrine/Bone:**
Endocrinologist
Thyroid, diabetes, ant. pituitary, sex hormones
Dietary calcium, vitamin D supplements, exercise, smoking, caffeine intake.
DEXA scan
Males: testosterone replacement
Females: obstetric history, menses, COCP/HRT
Family planning

**Social:**
Local Hospital
Job – inappropriate tasks
Education – time missed
Housing issues
Social work request
Psychiatry support request
Health benefits

**Examination**

**Summary**