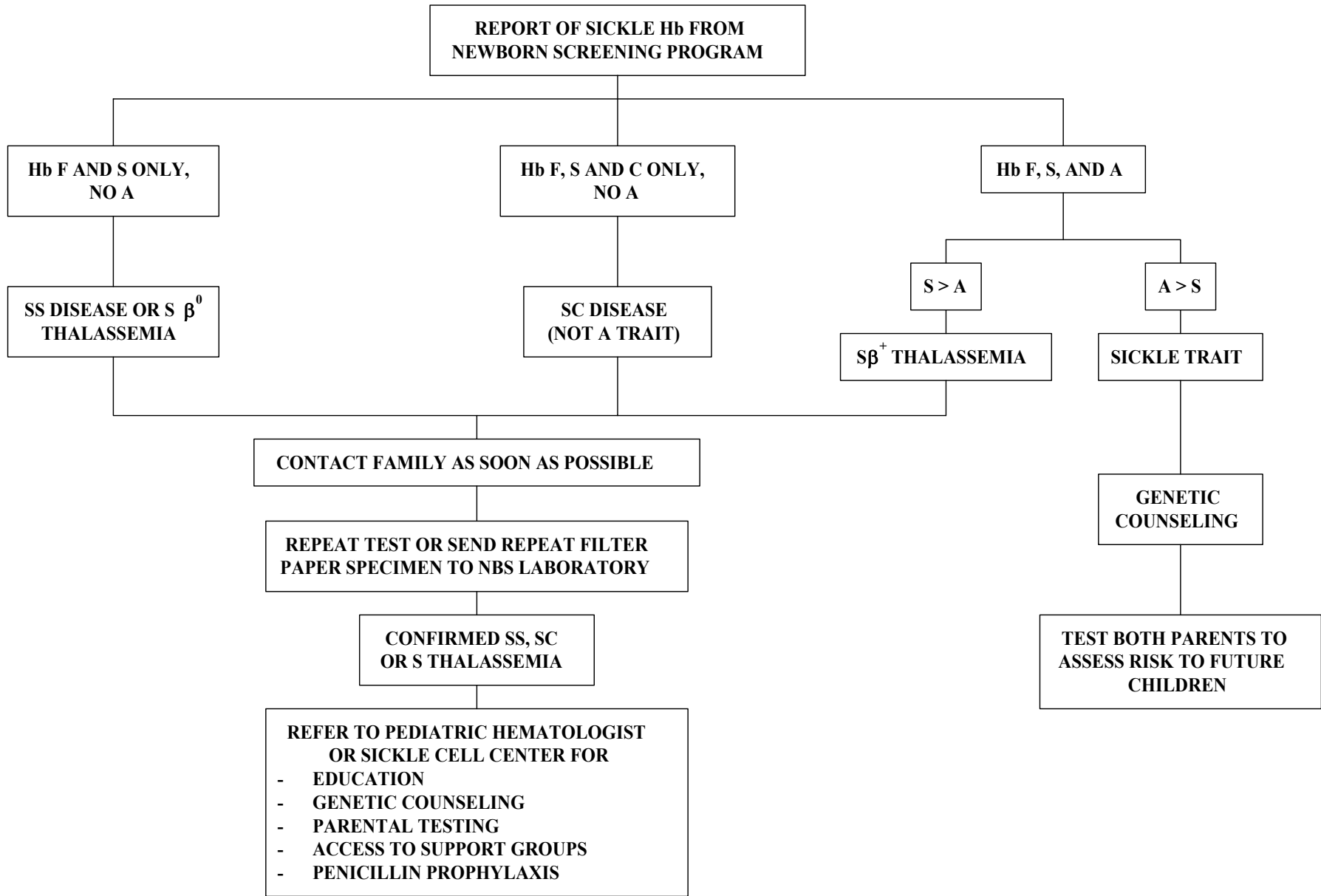
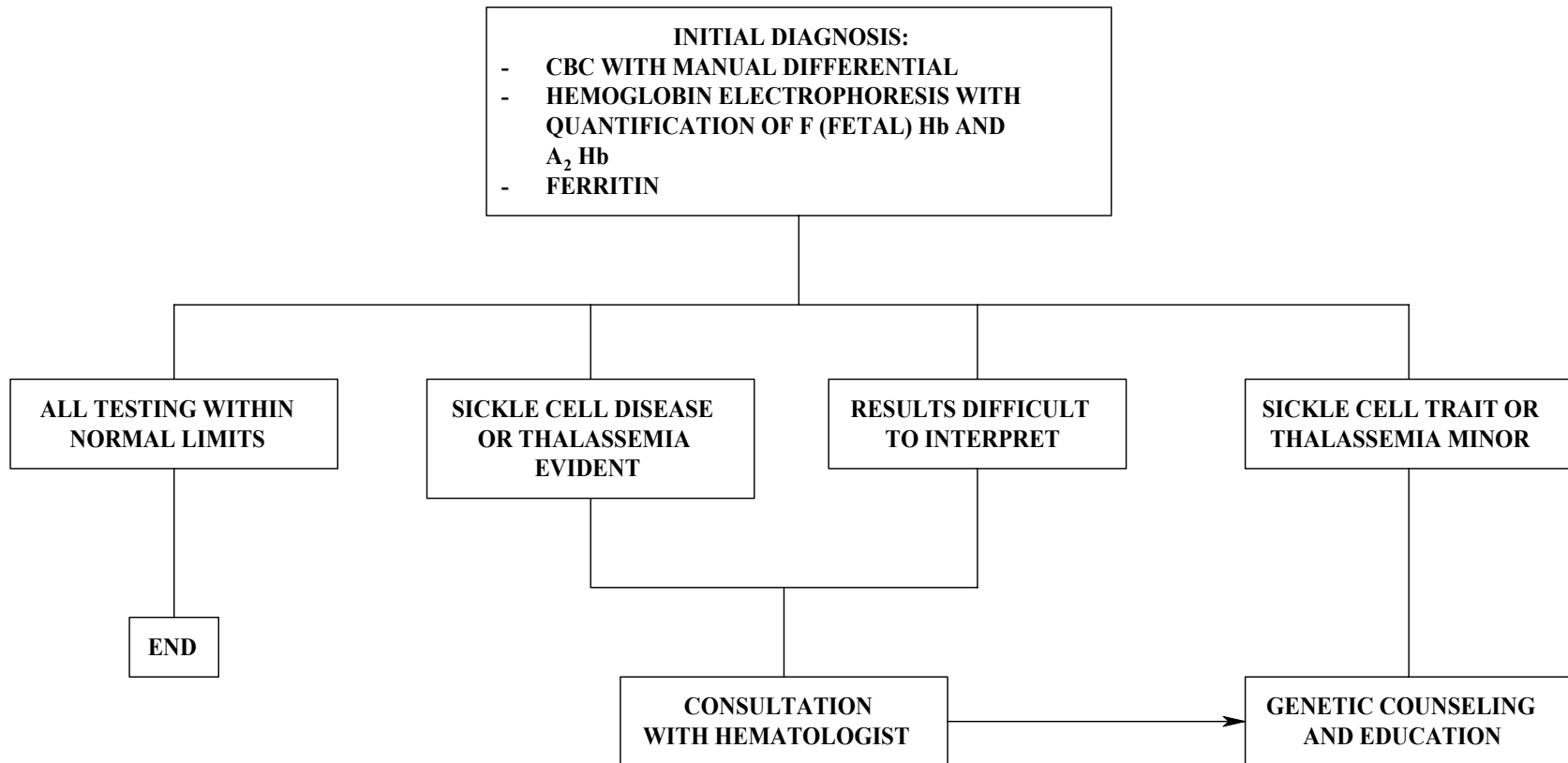


# NEWBORN SCREENING

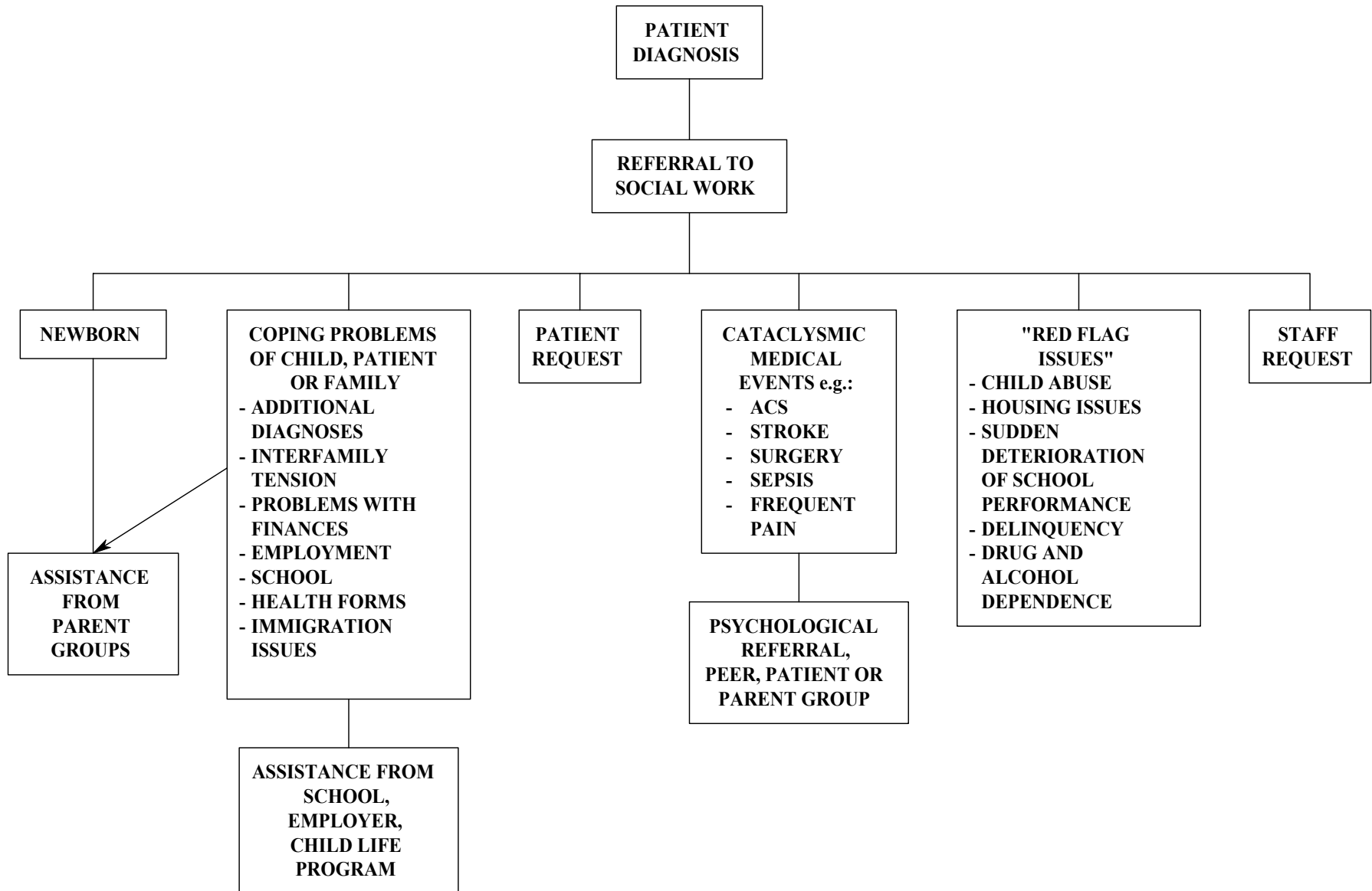
12



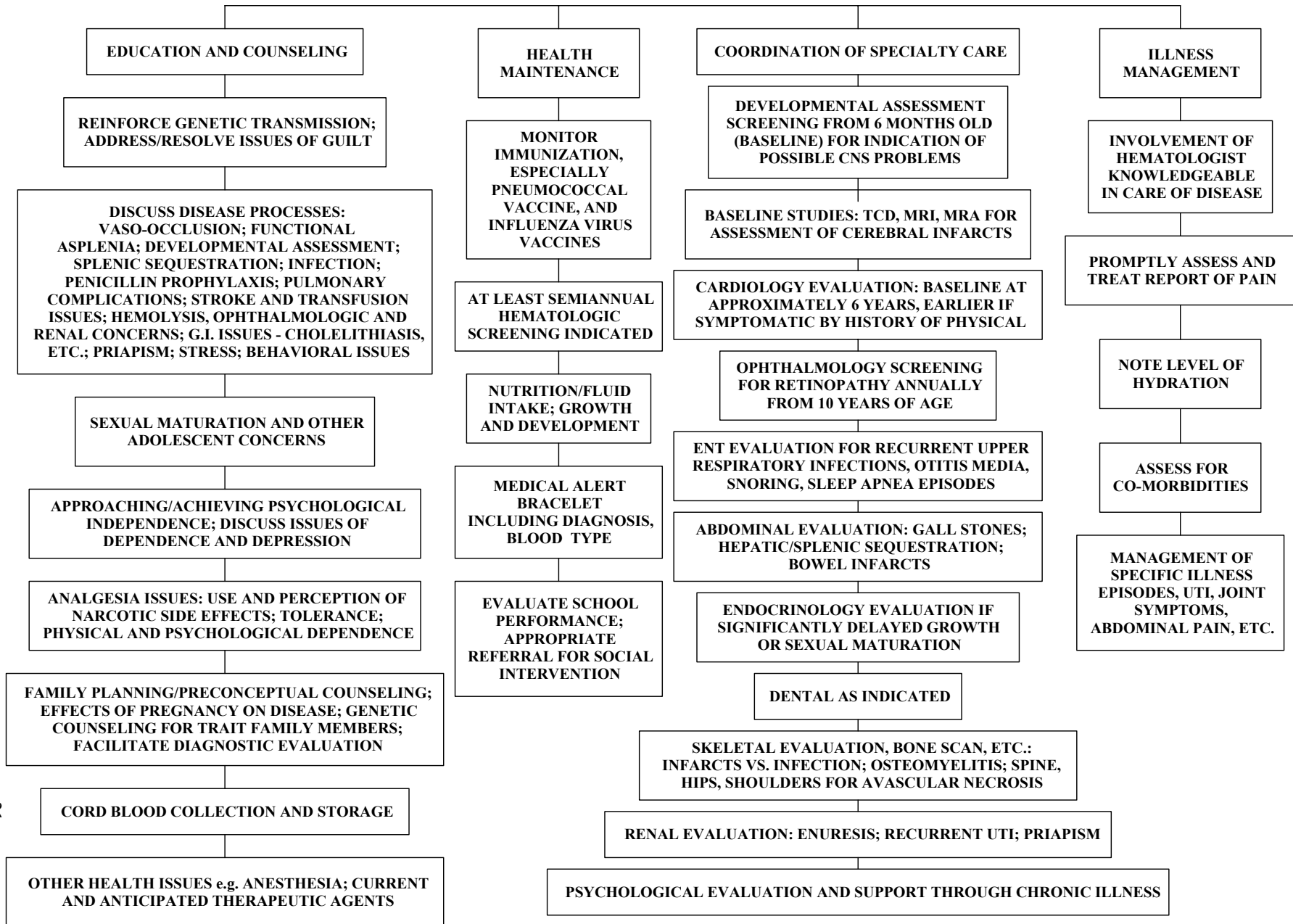
# GENETIC COUNSELING



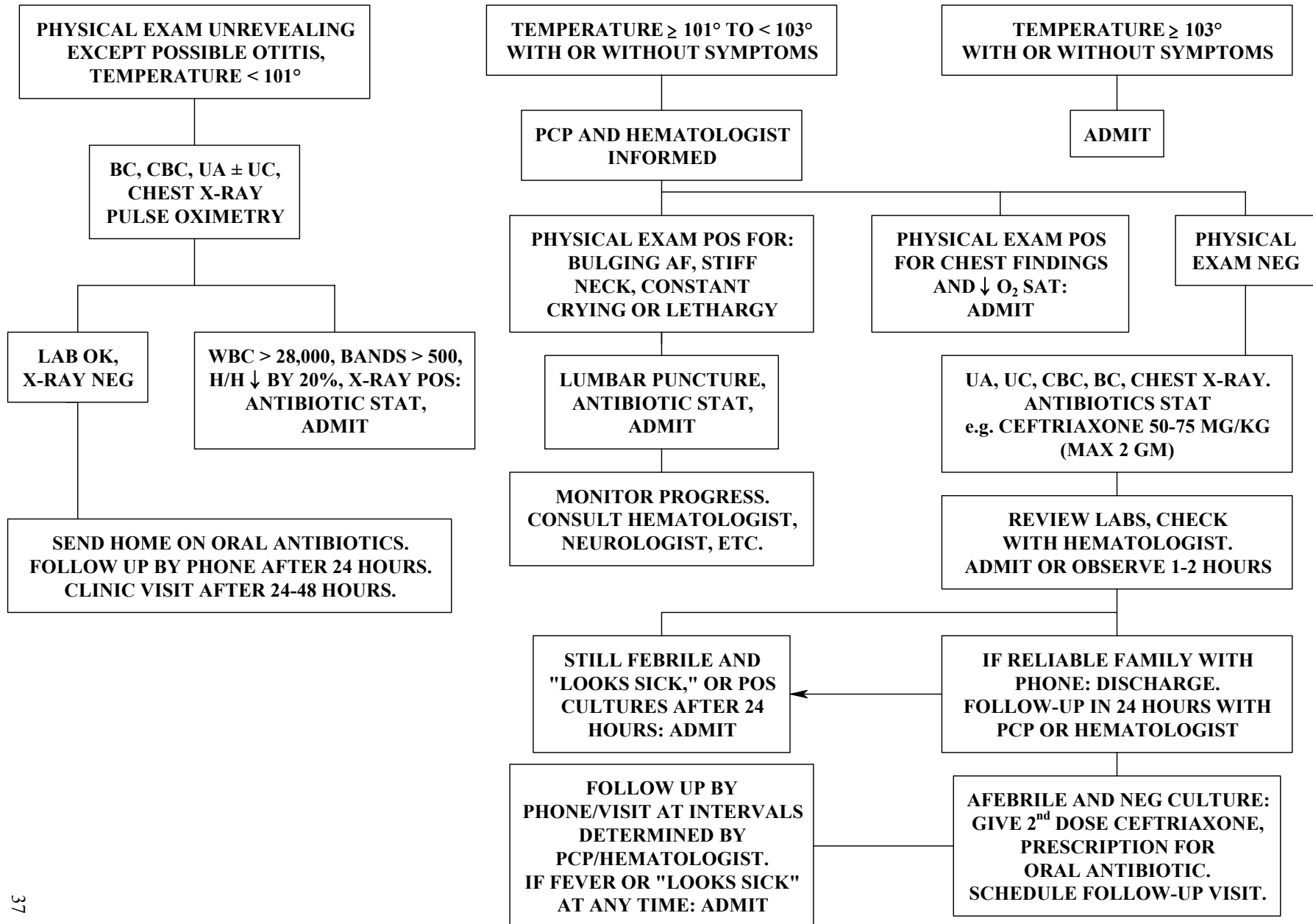
## SOCIAL WORK



# NURSING MANAGEMENT

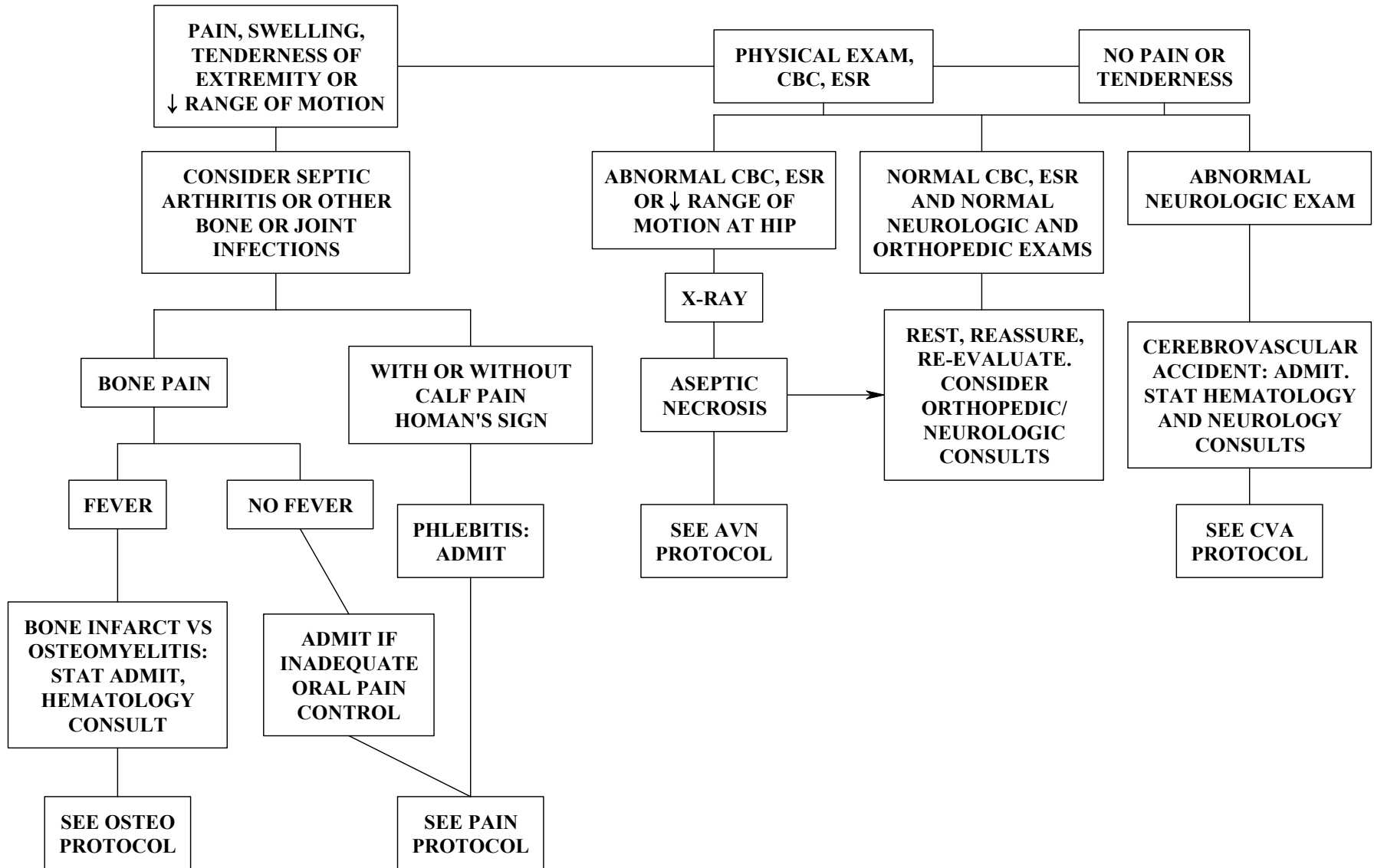


## INFECTION, SEPSIS AND MENINGITIS

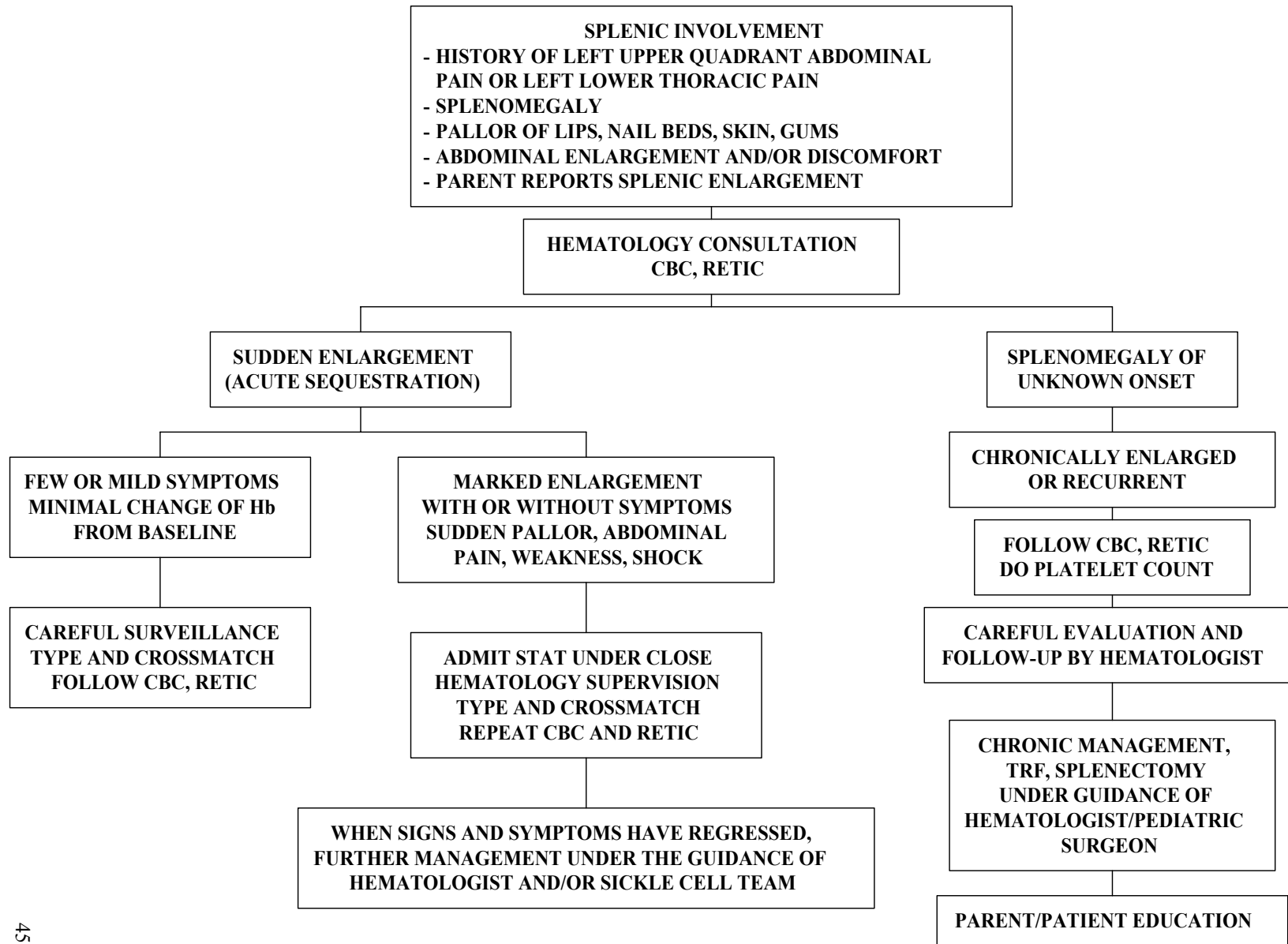


# LIMP

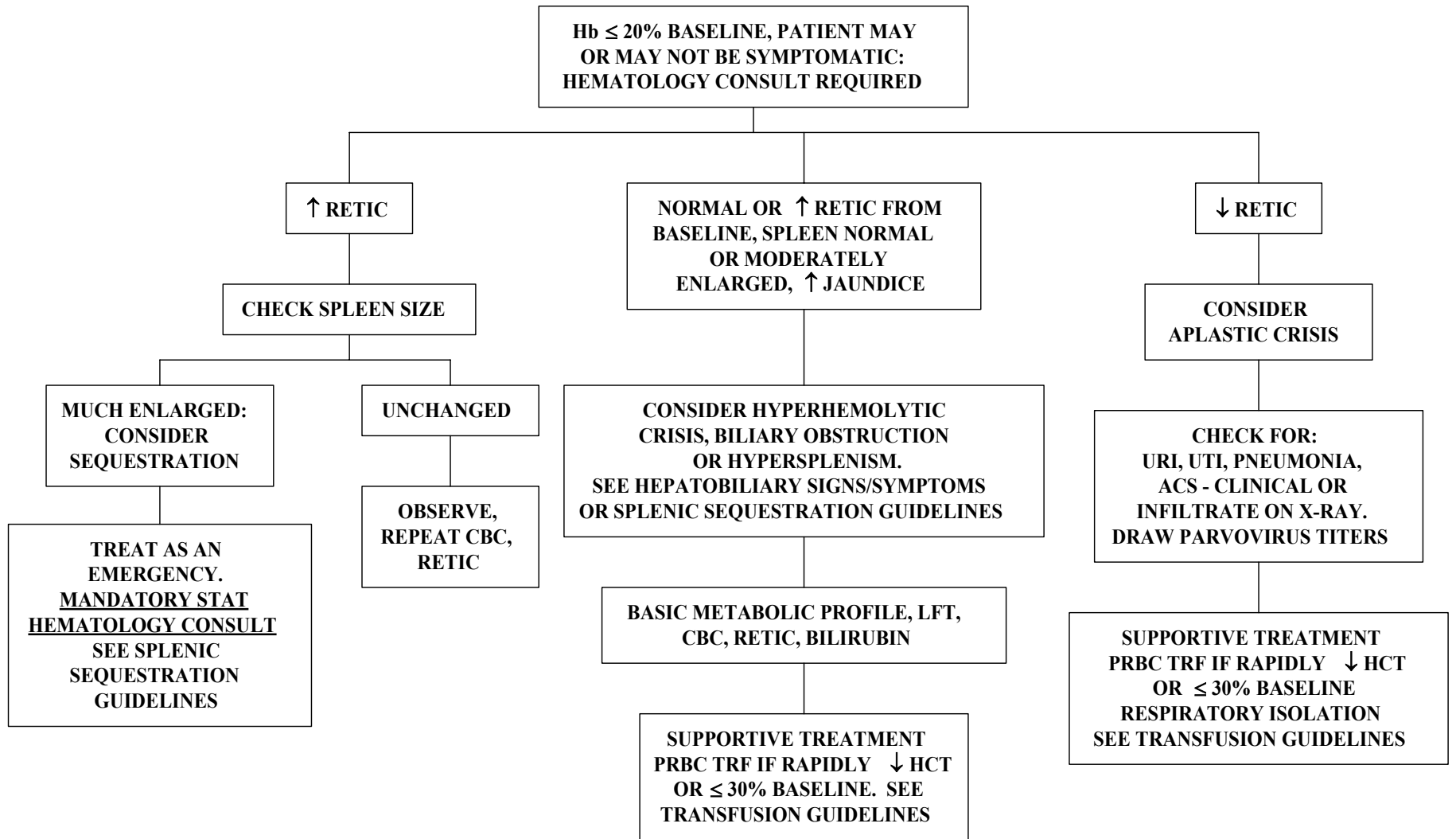
EMERGENCY IF SUDDEN OR SEVERE



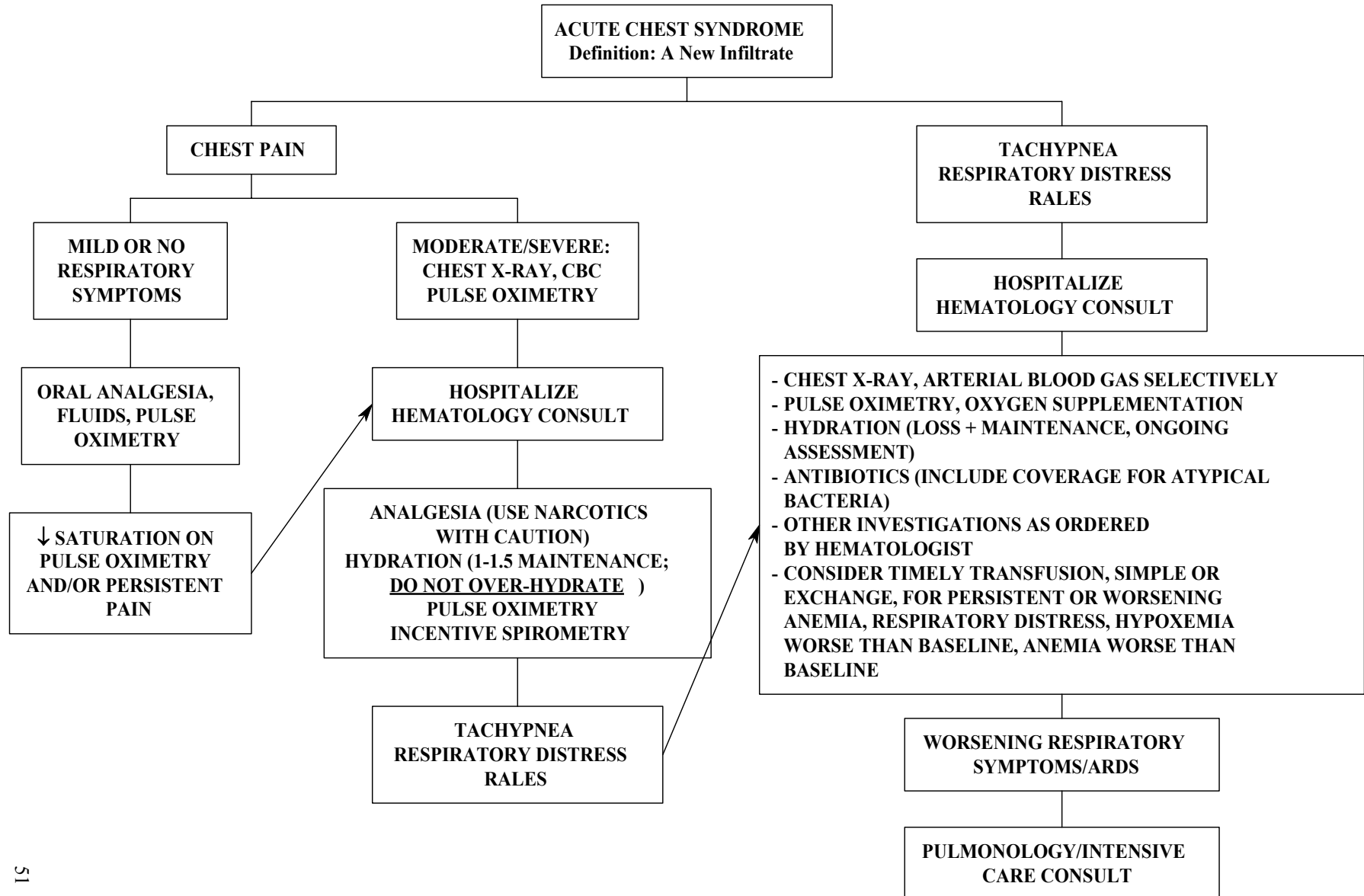
## SUSPECTED SPLENIC INVOLVEMENT



# ACUTE ANEMIA

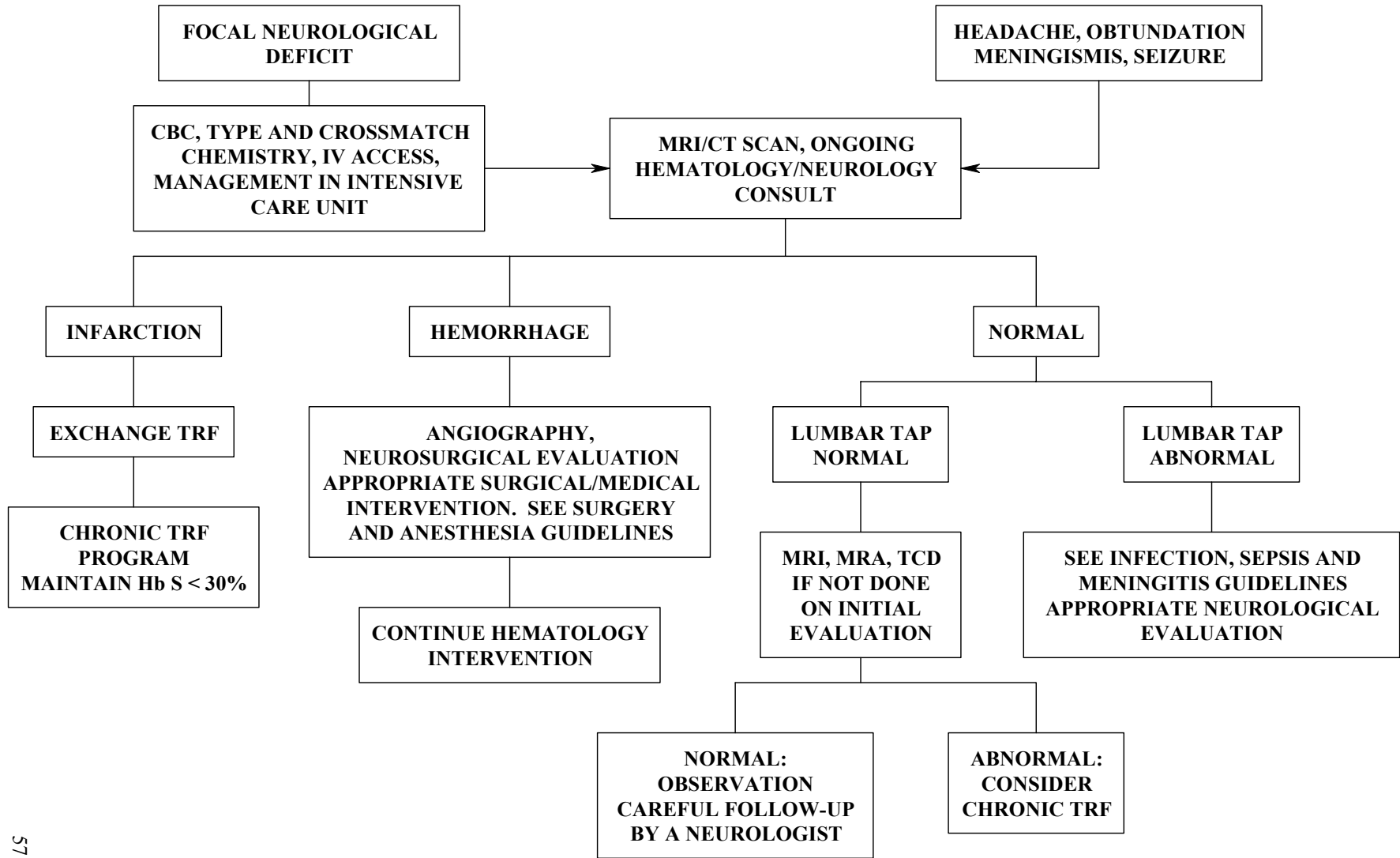


# ACUTE CHEST SYNDROME

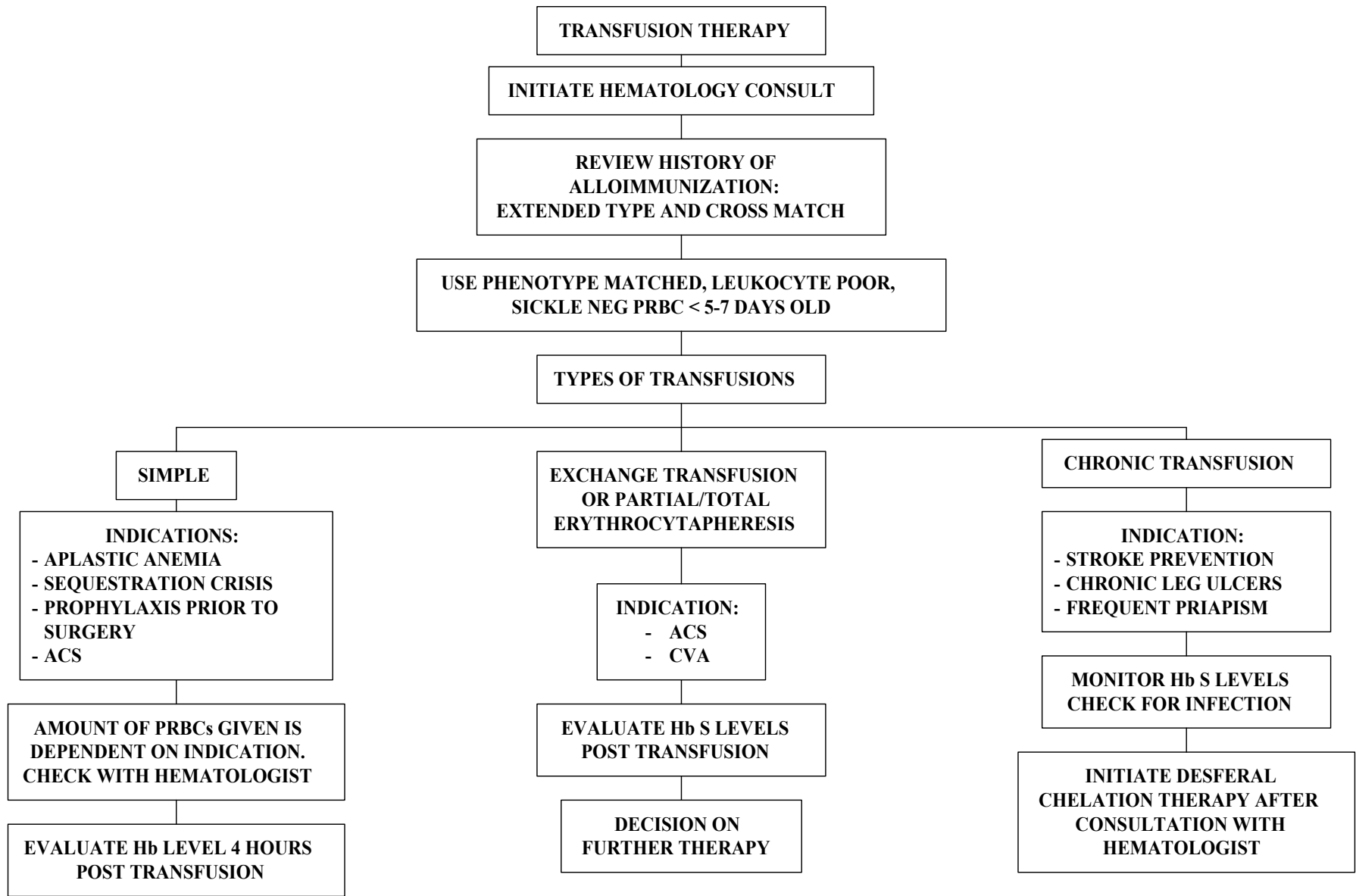


# CEREBROVASCULAR ACCIDENT

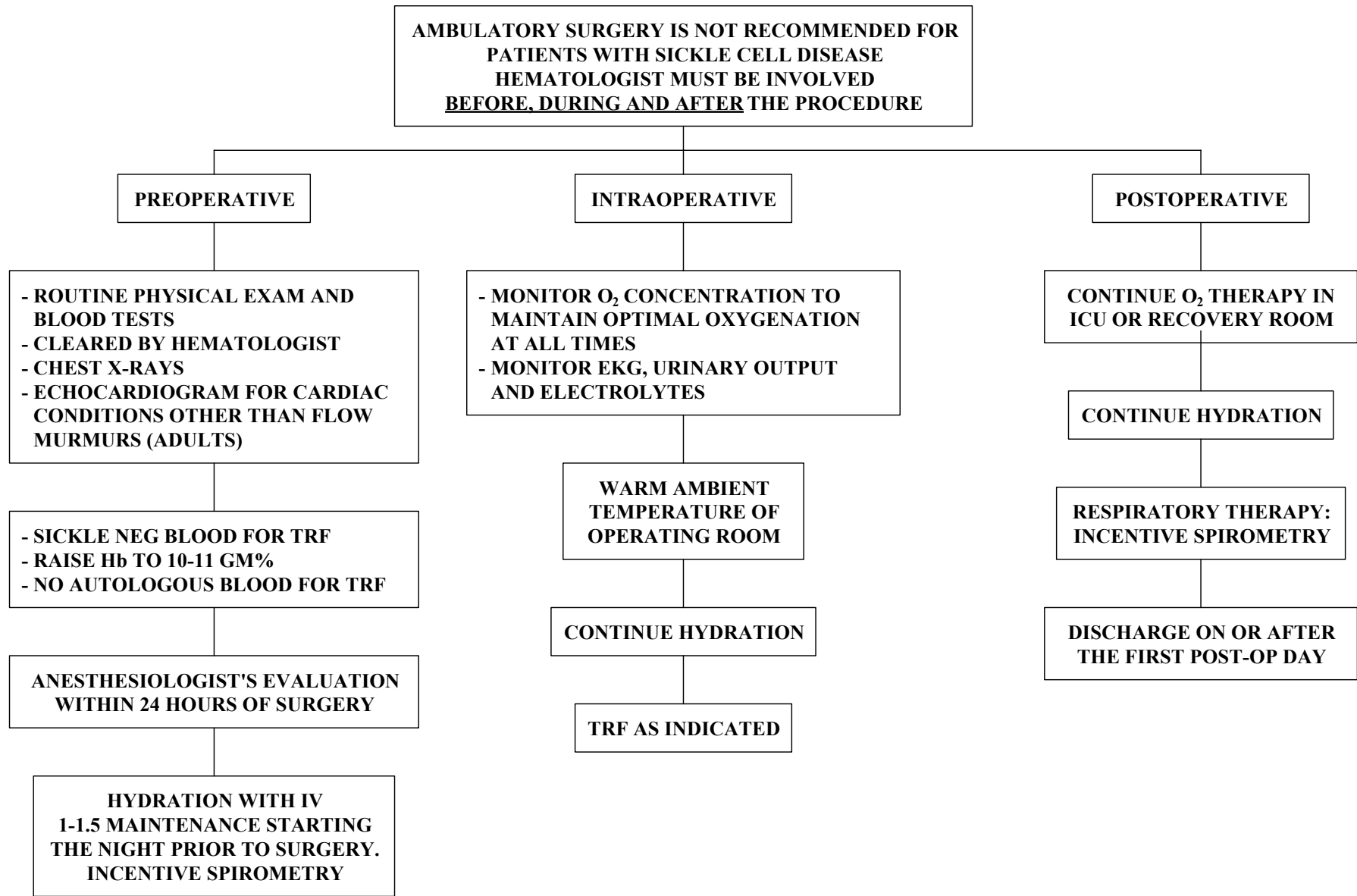
EMERGENCY  
HOSPITALIZE AND OBTAIN STAT HEMATOLOGY/NEUROLOGY CONSULTATION



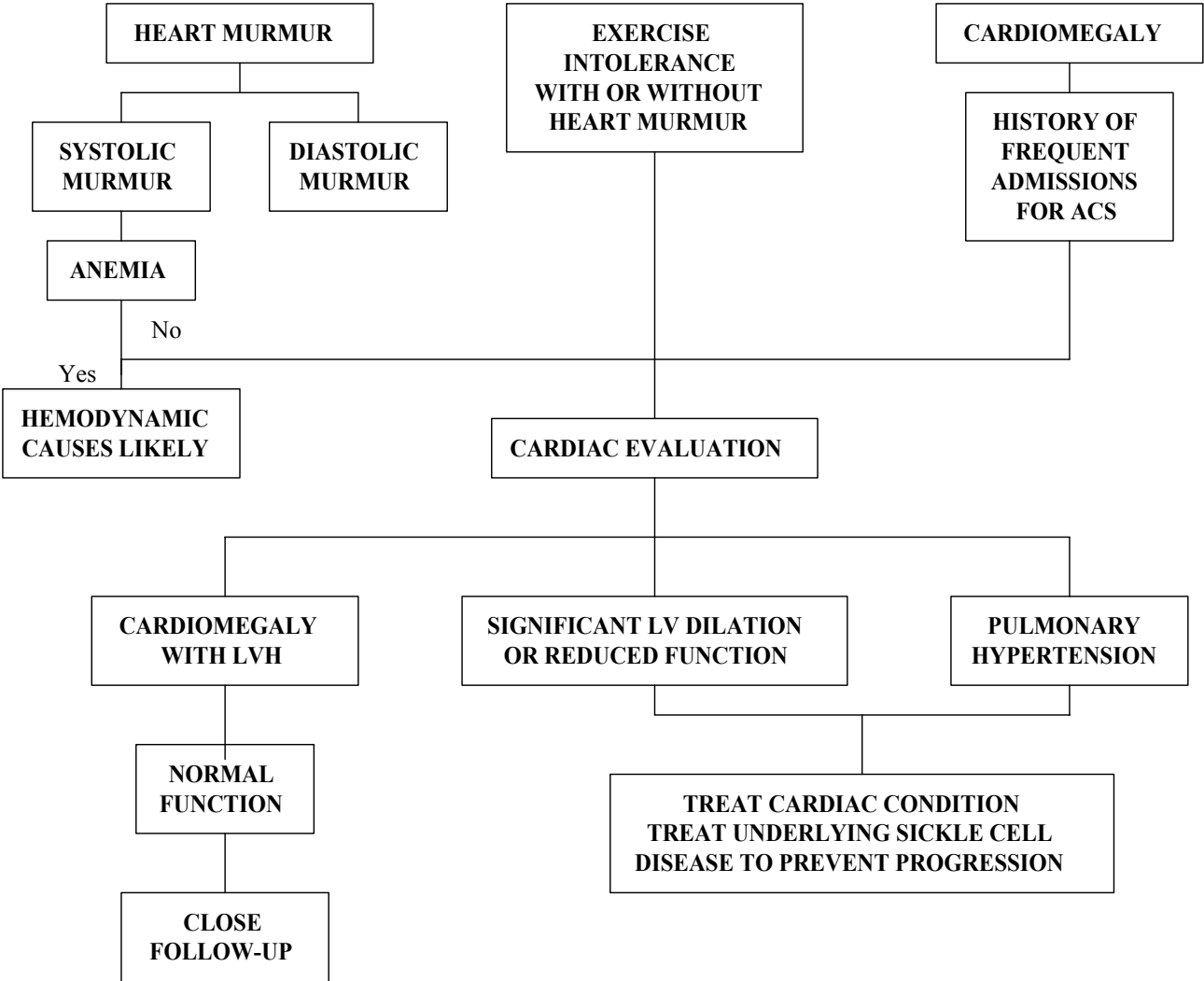
# TRANSFUSION THERAPY



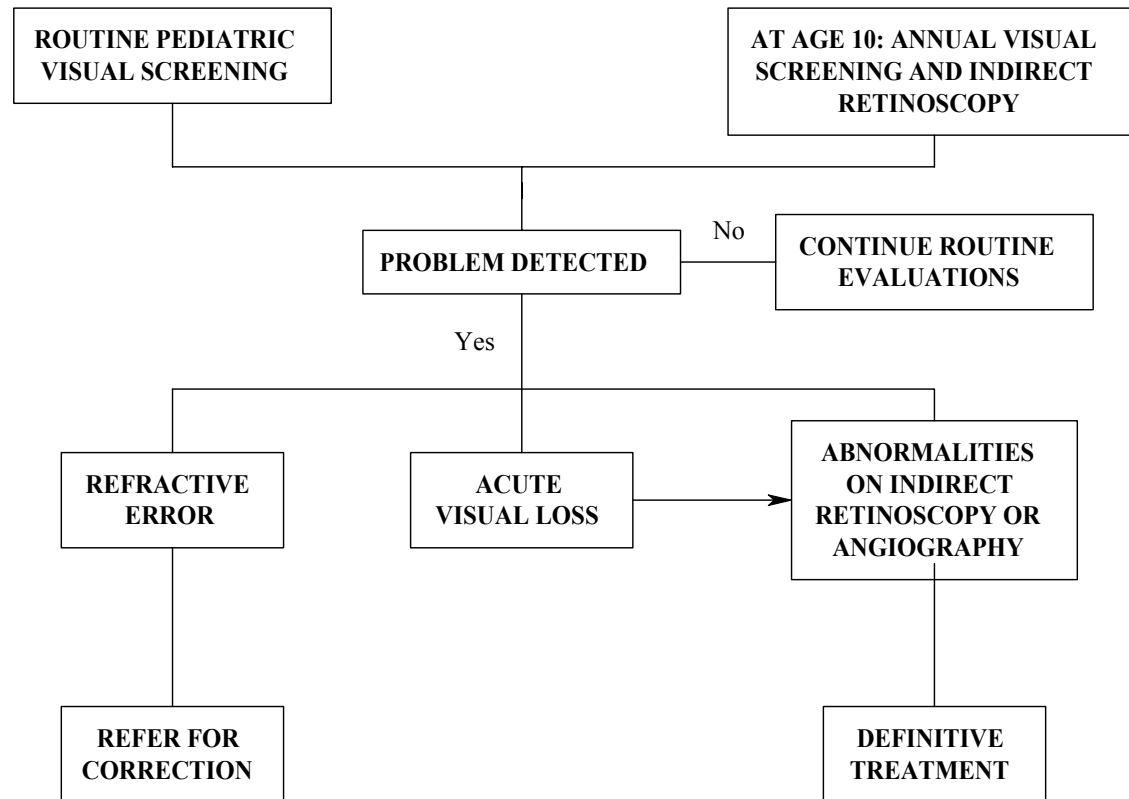
## SURGERY AND ANESTHESIA



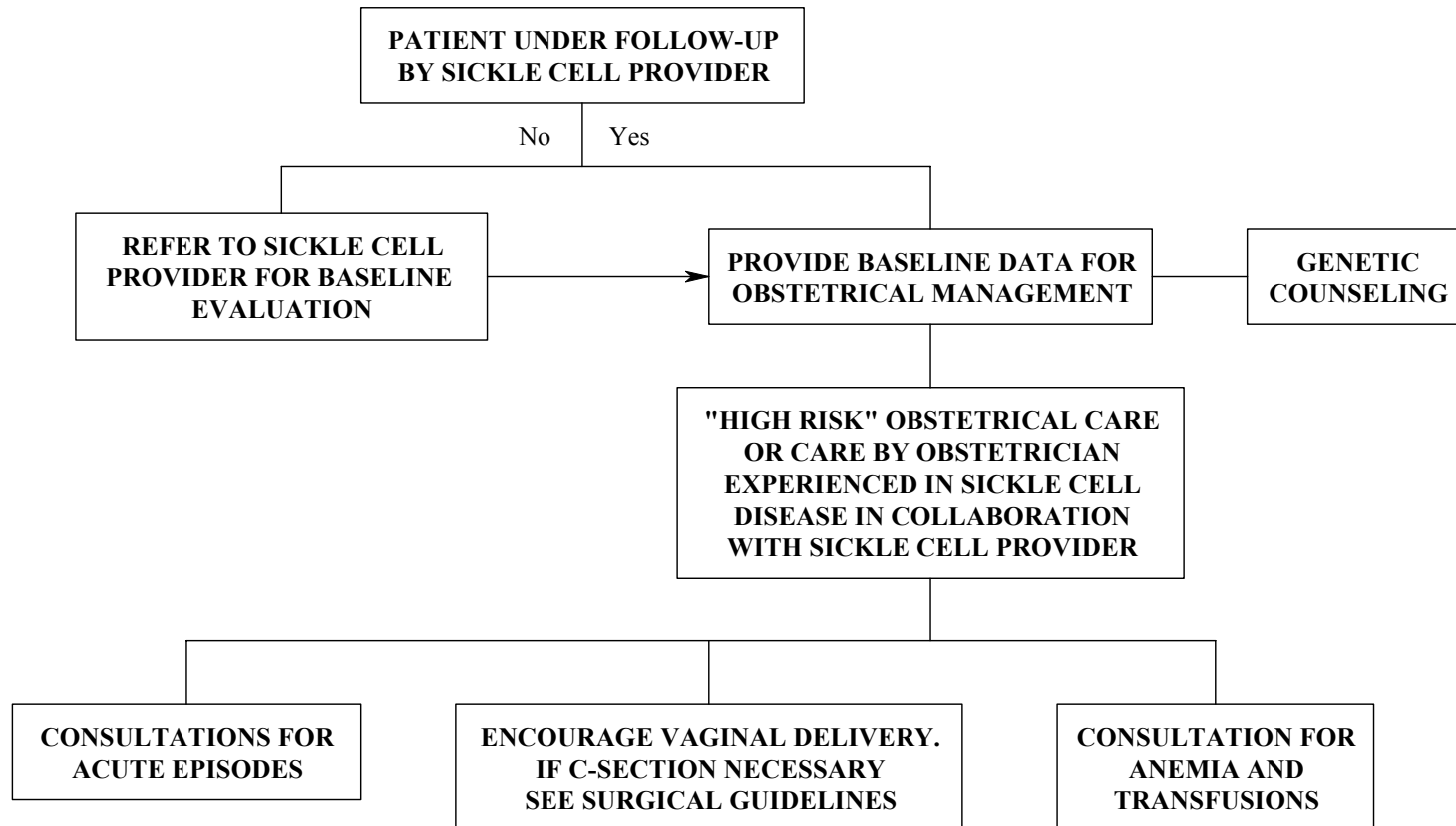
# HEART DISEASE



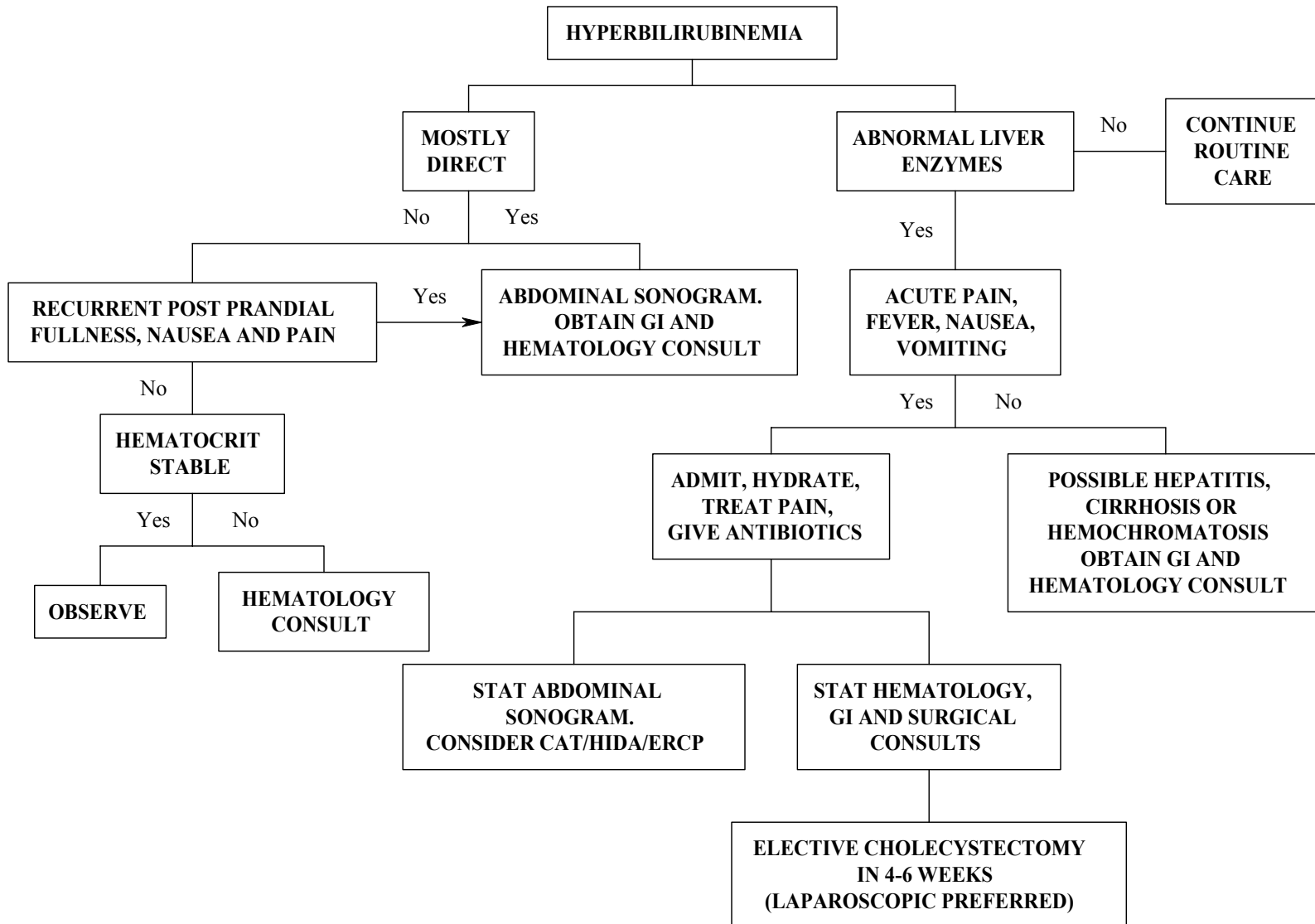
## MANAGEMENT OF THE EYE



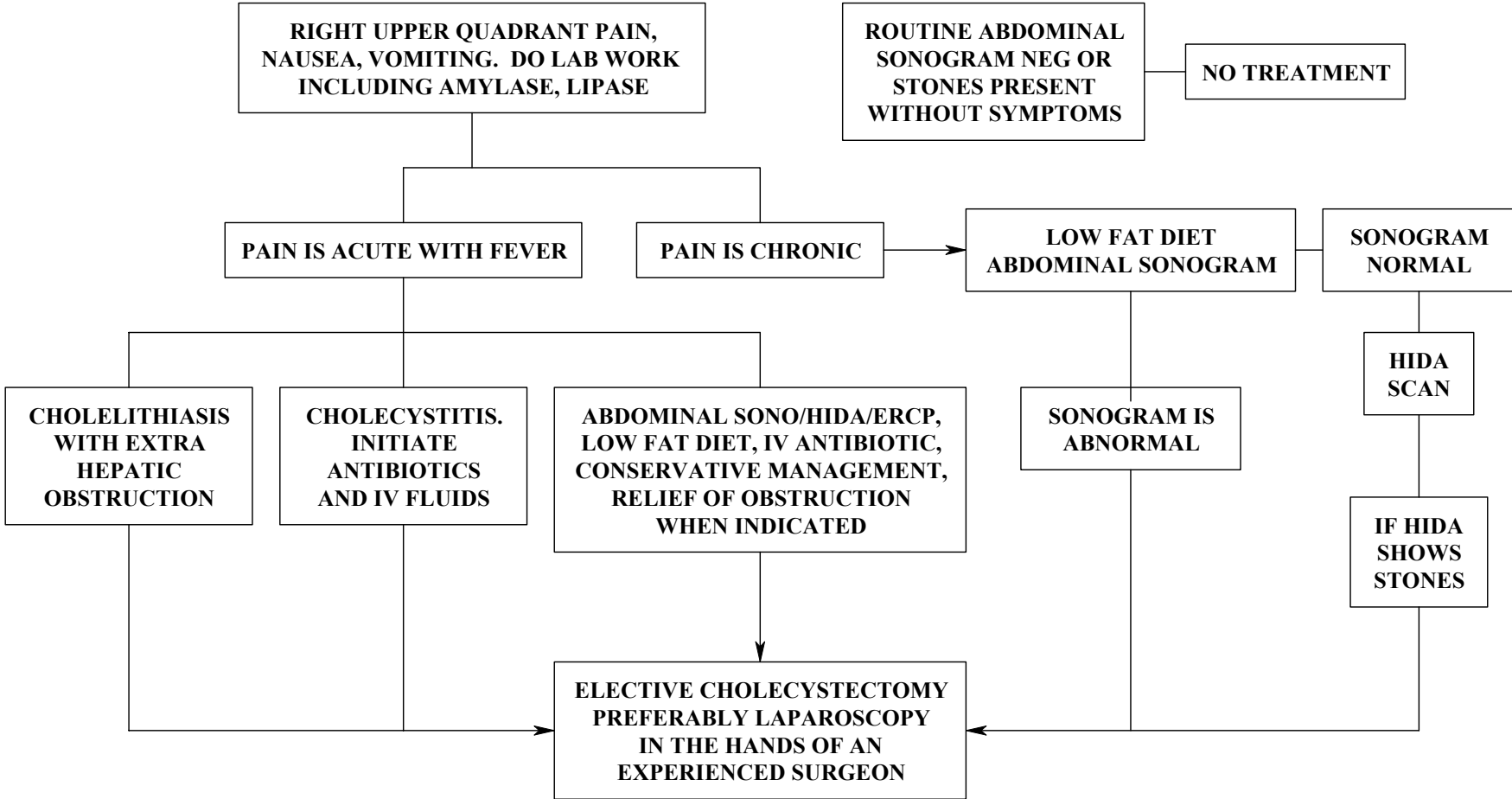
## PREGNANCY



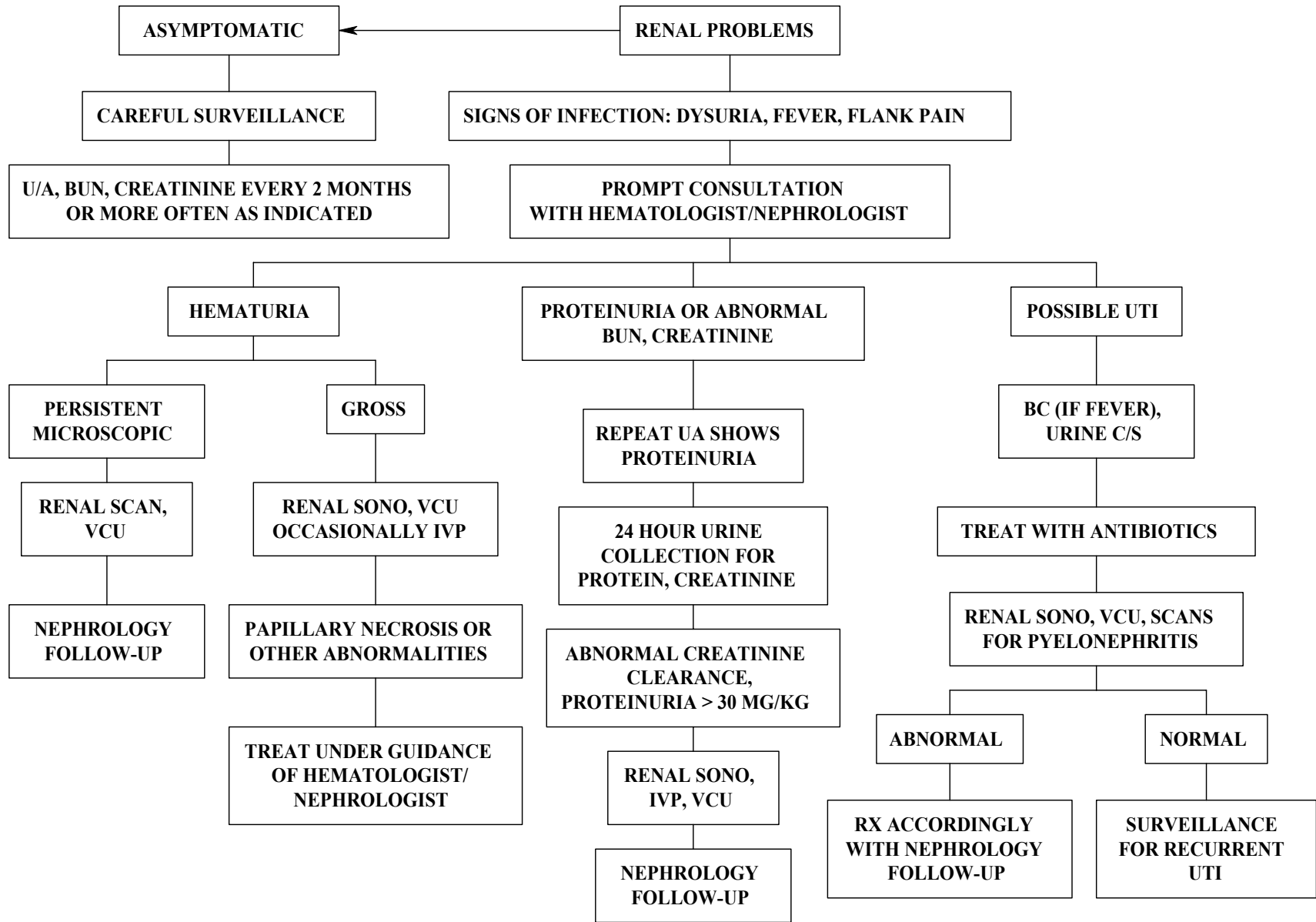
## HEPATOBIILIARY SIGNS/SYMPOMS



# MANAGEMENT OF CHOLELITHIASIS



## KIDNEY/URINARY TRACT INFECTIONS



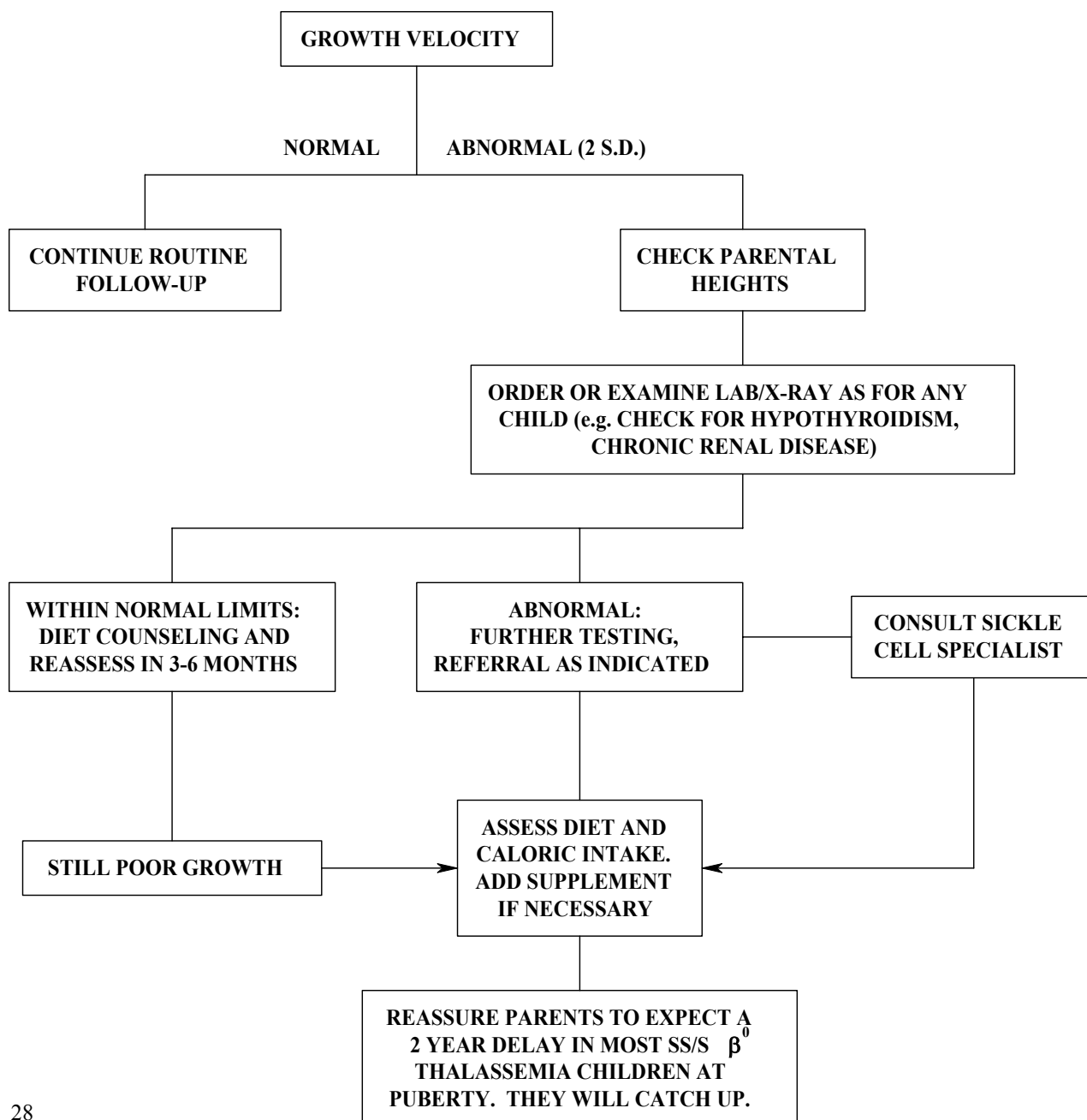


## GROWTH AND DEVELOPMENT

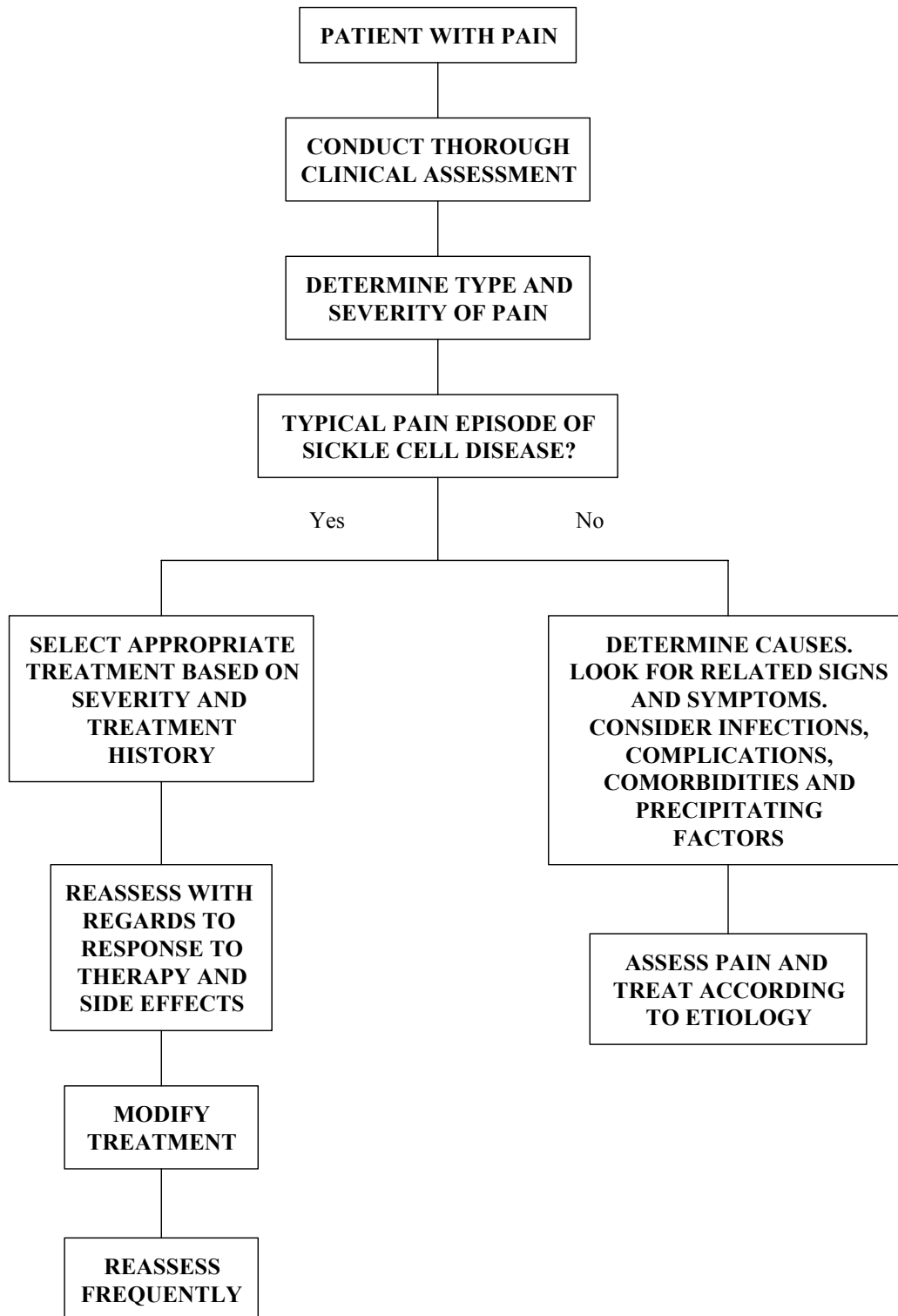
**GROWTH GRAPHS COMPLETED EACH VISIT, OR AT LEAST EVERY 6 MONTHS.  
 ROUTINE SURVEILLANCE/LABORATORY TESTS AS PER MAINTENANCE.  
 INCLUDE IRON STUDIES AND NUTRITIONAL HISTORY.**

**COMPARE SC AND S  $\beta^+$  THALASSEMIA WITH NORMAL GRAPH.**

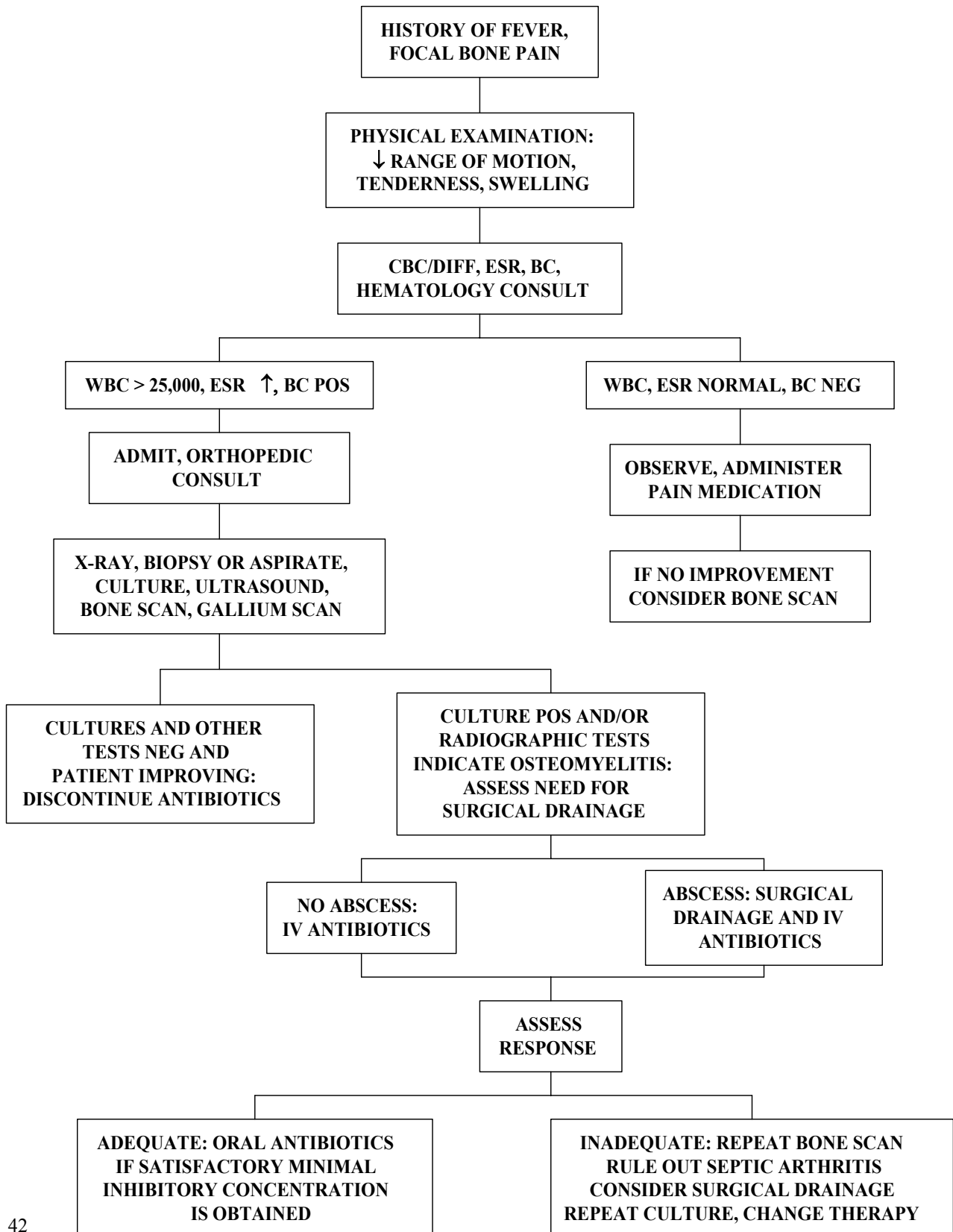
**COMPARE SS AND S  $\beta^0$  THALASSEMIA WITH GRAPHS  
 NORMALIZED FOR CHILDREN WITH SICKLE CELL DISEASE**



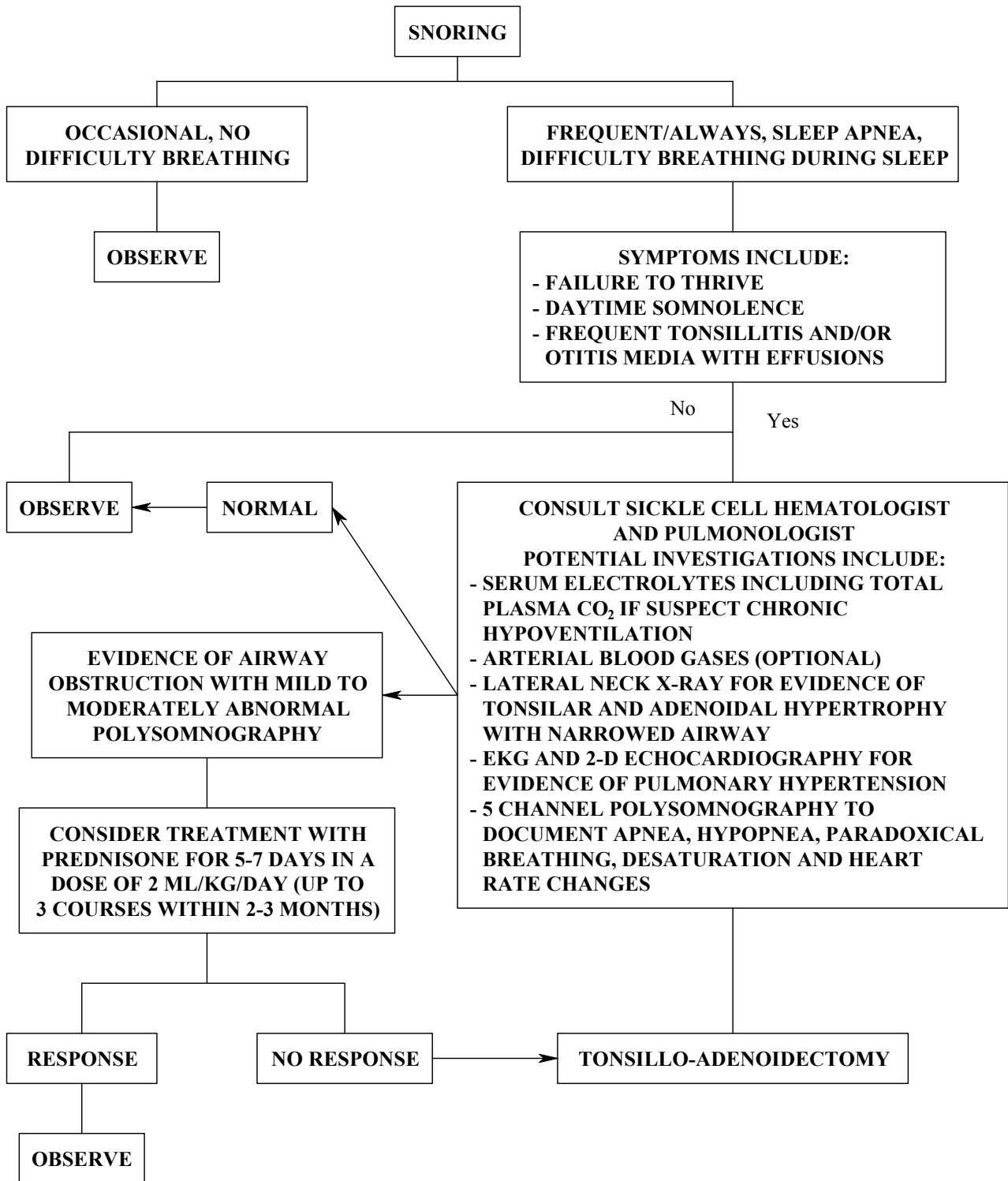
# PAIN



## SUSPECTED OSTEOMYELITIS

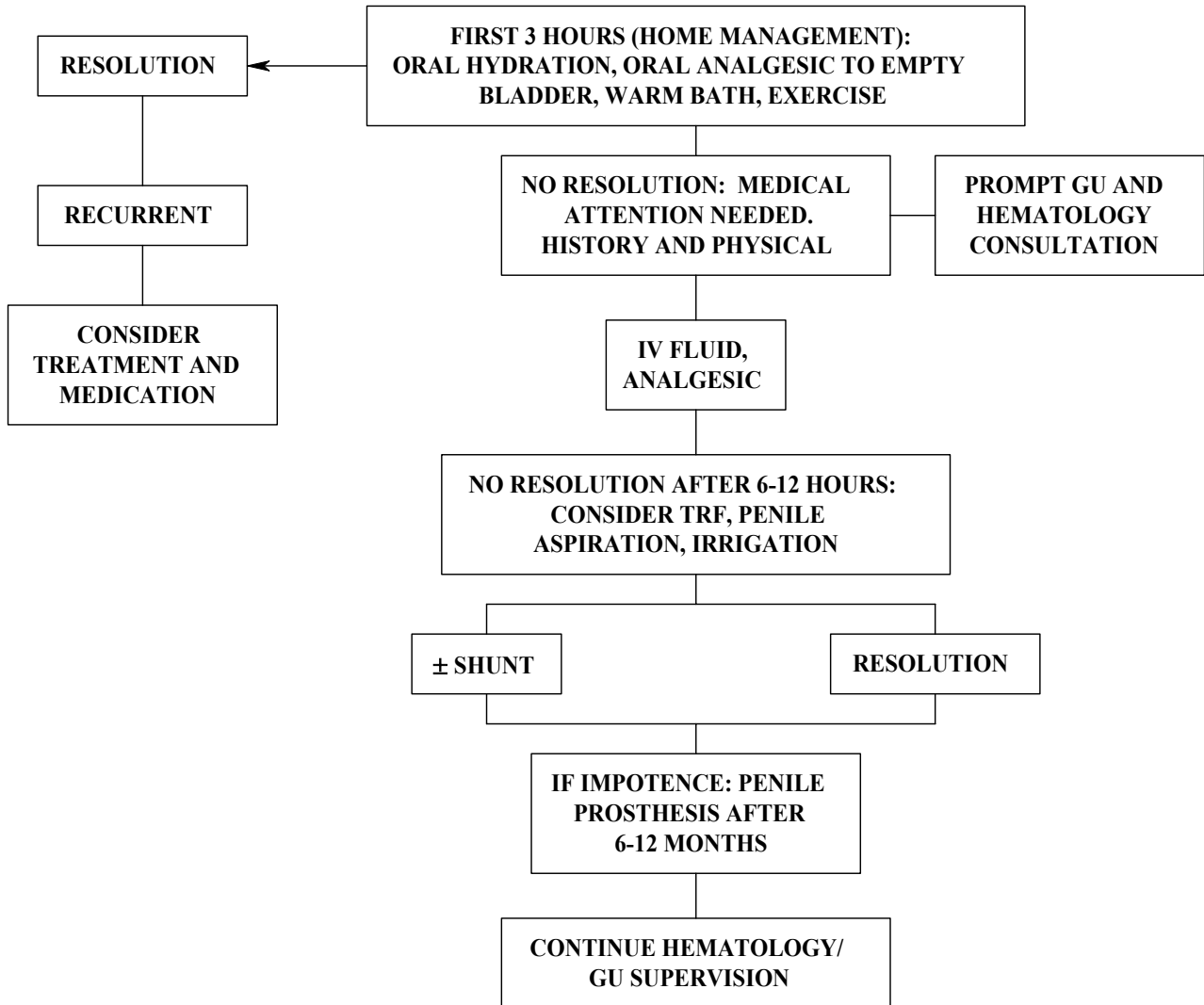


## OBSTRUCTIVE SLEEP APNEA DUE TO TONSILLO-ADENOIDAL HYPERTROPHY

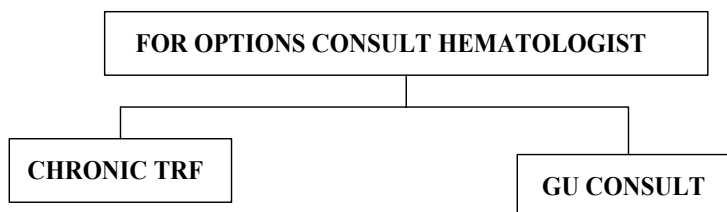


# PRIAPISM

Priapism is a persistent penile erection and can be classified as recurrent acute priapism, acute prolonged priapism or chronic priapism.

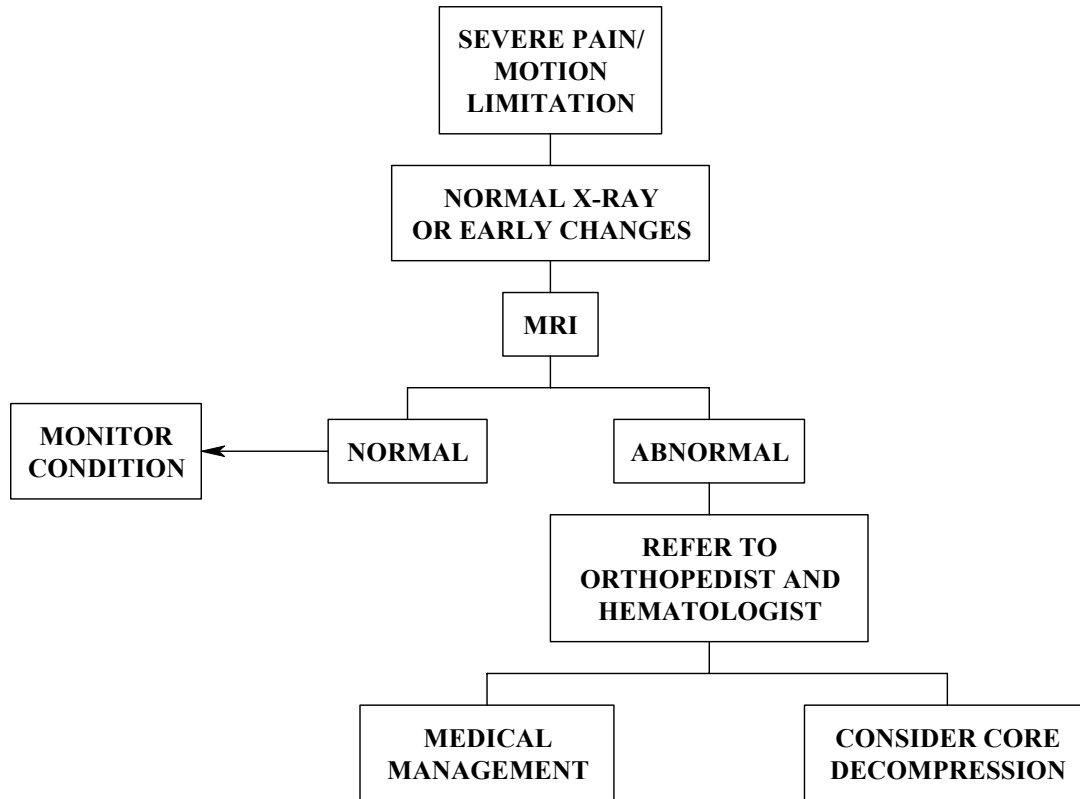


## INCAPACITATING, RECURRENT PRIAPISM

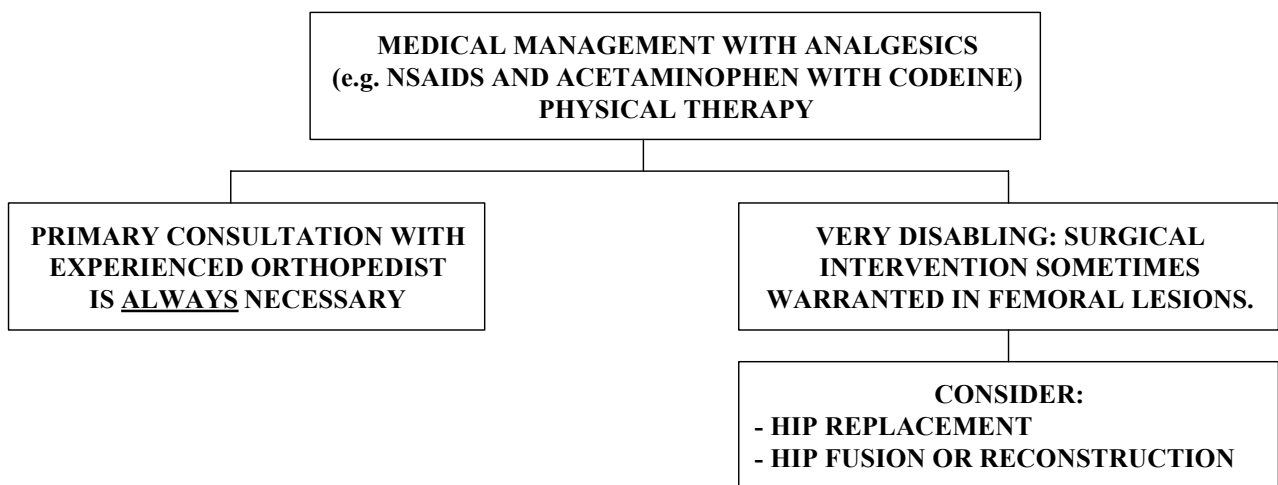


# DETECTION AND MANAGEMENT OF AVASCULAR NECROSIS OF FEMORAL AND HUMERAL HEAD

## EARLY LESION



## LATER STAGE



ALL INTERVENTION SHOULD BE UNDERTAKEN IN CLOSE  
COLLABORATION WITH THE SICKLE CELL SPECIALIST.  
IF SURGERY IS NECESSARY, SEE SURGERY AND ANESTHESIA GUIDELINE

# LEG ULCERS

