

## **Temporary (COVID-19) Clinical Appointment Scheduling Guidelines for Sickle Cell Disease**

### **Defer and reschedule appointments for the following patients:**

- Sickle-hemoglobin C (SC) not on hydroxyurea (e.g., q6month visits)
- Sickle- $\beta^+$ -thalassemia (S $\beta^+$ ) not on hydroxyurea (e.g., q6month visits)
- Immunization-only visits for Menactra or Trumenba
- Yearly TCDs in a patient with previous normal or stable conditional velocities
- Screening imaging (e.g., brain MRIs at 5, 10, 15 years of age)
- Screening neuropsychological testing (e.g., 5, 10, 15 years of age)
- Screening echocardiograms and ECGs (e.g., 18-20 years of age)
- Initial clinic visits for patients new to the area (if family agrees and there is no urgent medical need)
- Initial visits for newborns who are currently <2 months of age (if phone education is provided and educational material can be mailed to the family)
- Transition clinic visits (transfer of care can be delayed until normal clinical activities resume)

### **Convert to lab-only visits with phone follow-up:**

- Scheduled (e.g., q3month) hydroxyurea follow-up visits (weight-based adjustments to hydroxyurea can be deferred until the next clinic visit with weight)

### **Do not delay or reschedule:**

- New patient visits for infants who are currently  $\geq 2$  months of age (must be seen in clinic by 3 months of age)
- Visits for initiation of hydroxyurea
- Initial TCDs or follow-up of new abnormal or new conditional results
- Pneumococcal and influenza immunizations
- Chronic transfusion patients (simple, partial, or apheresis)
- Any high-complexity (medical or psychosocial) patient as determined by care team
- Any important or urgent reason for an in-person clinic visit as determined by care team

*Reschedule visits no earlier than May. Regular scheduling can resume in May.*

*There are no changes to SCD fever policy.*