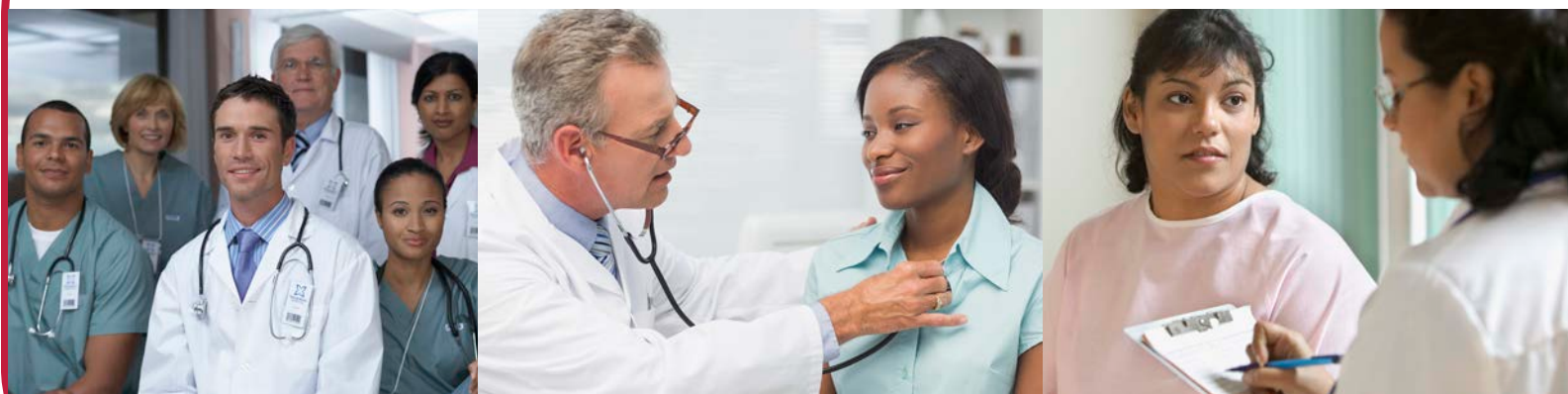


# Evidence-Based Management of Sickle Cell Disease

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

[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

## Chapter 3: Managing Acute Complications of Sickle Cell Disease

### Acute Renal Failure (ARF)

1. In the setting of an acute rise in serum creatinine of  $\geq 0.3$  mg/dL,
  - Monitor renal function daily, including serum creatinine and fluid intake/output. **(Consensus–Panel Expertise)**
  - Avoid potential nephrotoxic drugs and imaging agents. **(Consensus–Panel Expertise)**
  - Evaluate the patient thoroughly for all potential etiologies in consultation with a nephrologist as needed. **(Consensus–Panel Expertise)**
2. Do not give blood transfusions to treat ARF unless there are other indications for transfusion. **(Consensus–Panel Expertise)**
3. Use renal replacement therapy (e.g., hemodialysis) when needed for acute renal failure. **(Consensus–Panel Expertise)**

### Priapism

1. For an episode of priapism lasting 4 hours or longer, initiate interventions to include
  - vigorous oral or intravenous hydration and oral or intravenous analgesia **(Strong Recommendation, Low-Quality Evidence)**; *and*
  - consultation with a urologist who can perform further evaluation and intervention for symptoms which do not remit with initial conservative medical management. **(Consensus–Panel Expertise)**
2. Do not use transfusion therapy for immediate treatment of priapism associated with SCD. **(Moderate Recommendation, Low-Quality Evidence)**