Sickle Cell Disease Emergency Card

Patient Name:

Parent Name & Number:

Alternate Emergency Contact:

Health Care Providers:

PCP: ________________________________

Phone: ________________________________

Hematologist: ________________________

Phone: ________________________________

This card should be carried with the parent or child at all times. It contains important medical information that will be needed in the case of an emergency. It should be updated by your provider as necessary.
**Name:**

*has SICKLE CELL DISEASE*

**DOB:**

**Crucial medical information is listed here to help ensure prompt and appropriate care is provided in case of an emergency.**

**SCD Type:** HgbS/

**Hemoglobin:** ____________ g/dl

**NOTE:** When transfusing a patient with sickle cell disease, it is important to match for minor RBC antigens. Blood should at minimum be antigen matched for C, E and Kell. Blood should be sickle negative.

**Patient Blood Type:** ABO__________

**Rh** ________________

**Alloantibodies:** Yes  No

**Type:** ________________

<table>
<thead>
<tr>
<th>Minor RBC Antigens: mark each as + or -</th>
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</thead>
<tbody>
<tr>
<td>Extended Rh:</td>
</tr>
<tr>
<td>Kell:</td>
</tr>
<tr>
<td>Kidd:</td>
</tr>
<tr>
<td>Duffy:</td>
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<tr>
<td>Other:</td>
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