



Anne Smith-Cherifi

Anne's UCP ensures that in a sickle cell pain crisis all medical professionals are aware of her diagnosis and how to best treat her. Her pain plan on the UCP is updated, at minimum, at her annual review with her consultant haematologist.

Date of Birth: 14/10/1997
NHS Number: 9999360408

Mobile: 07848 798136
Preferred name: Anne

Personal info

Language: English
Ethnicity: Mixed White & Black African
Gender: Female
Sexuality: Lesbian
Preferred pronouns: She/her/hers
Religion: Agnostic
Address: 92 Church Lane, London SE6 7VK

About me

- I work full-time in a bank, and outside of work I really enjoy yoga and cooking
- I spend my weekends going on walks around my neighborhood, and visiting my family and friends
- I really hope to manage my Sickle Cell Disease to allow me to go on a 2 month-long travel next year.

Medical

- I have Sickle Cell Disease which I was diagnosed with at birth. My family and partner are aware of my diagnosis.
- Day-to-day I manage my own symptoms, with the guidance of Dr Shah and support of my partner, Karen. In an acute VOC pain crisis, I will sometimes need to call for an ambulance to support.
- My most recent sickle cell crisis happen September 2023, after an operation under general anesthetic. I was picked up by an ambulance at home.

Living and care arrangements

Type of accommodation: Detached house
Lives with: Partner (Karen) and dog (Lucky)
Care arrangements: No care arrangements

Symptom management plan

- To manage acute VOC pain at home, I take 1g paracetamol four times a day as required, 400mg ibuprofen three times a day as required, and 30mg dihydrocodeine four times a day as needed
- I have regular exchange transfusions (6 weekly) as my sickle cell modifying treatment

Crisis management plan

In an emergency, medical professionals should follow the sickle cell acronym ACT NOW, displayed within my UCP summary.

Ambulance staff should transfer me to my known sickle cell centre, and provide:

- Inhaled nitrous oxide 80ppm for 4 hrs
- Oral morphine solution 25mg 4 hourly
- Additional guidance: 500ml fluid bolus

The emergency department, should give me:

- Sublingual fentanyl 600mcg together with oral morphine solution 40mg STAT if not already given within last 4 hrs; then
- Oral morphine sol 25mg every 4 hrs.
- Paracetamol (1000mg PO) to be given if not had within 4 hrs. of arrival
- Ibuprofen (400mg PO) to be given if not had within 8 hrs. of arrival

This pain plan was agreed with my consultant and uploaded onto the UCP, and will be reviewed in 1 year.

Professional contact

ODS code: QMF
Organisation: East London Health & Care Partnership
Name: Dr Shah
Role: Sickle Cell Disease consultant
Notes: Positive relationship