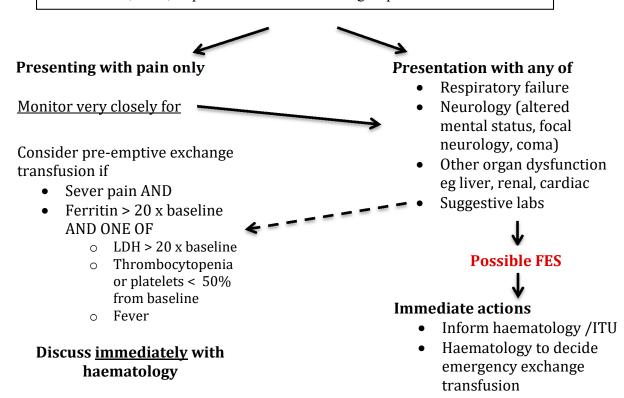
Algorithm for early recognition and management of fat embolism syndrome in adult patients with Sickle Cell Disease

Patients at risk for developing FES:

Previous mild disease, infrequent hospital attendance usually HbSC or Hb Sβ⁺

Check: FBC, reticulocytes, renal function, liver function, **ferritin**, **LDH**, CRP, request blood film and send group and save



Emergency red cell exchange transfusion (RCE) as soon as FES is suspected

- if pre-transfusion sickle level (HbS or HbSC) unknown consider it 100%
- Target post transfusion sickle level < 20% (Hb S or HbS&C for HbSC patients)



Therapeutic plasma exchange (TPEX)

- TPEX to follow RCE unless complete clinical recovery and improvement in ferritin, LDH and platelets
- Exchange 1 plasma volume/day for 5 days using Octaplas as replacement fluid (alternatively FFP)
- Monitor clinically, ferritin, LDH and platelets
- May need to continue beyond 5 days

