1.0 Policy statement

Patients admitted on hydroxyurea shall not be given hydroxyurea prescription on discharge. **Haematology is to prescribe in order to monitor blood work.**

2.0 Definitions

- **Hydroxyurea (HU)** is a chemotherapy medicine that has been used to treat many disorders, including sickle cell disease (SCD). Research has shown that patients with sickle cell disease who take hydroxyurea are admitted to hospital because of painful events only half as often as patients who do not take hydroxyurea, have fewer acute chest crises and have less need for blood transfusions if they are admitted to hospital. Please see [www.aboutkidshealth.ca](http://www.aboutkidshealth.ca).

- **Maximum Therapeutic Dose (MTD)** is maximum dose or clinical efficacy achieved.

- **Transcranial Doppler (TCD)** is a non-invasive ultrasound used to screen for strokes measuring the rate of blood flow through the large vessels on both sides of the brain.

- **Vaso-Occlusive Crises (VOC)** are blockages of the blood vessels anywhere in the body by deformed red blood cells. This causes a lack of oxygen in the affected area of the body. Symptoms depend on where the blood vessels are blocked.
3.0 Guideline

Pain assessment and consult completed of child with Sickle Cell Disease (SCD)

Does child meet indications to start hydroxyurea?

NO

YES

Discuss and decide on alternative therapy with child and caregivers

Haematology team to obtain agreement from child and caregivers

Does child and/or caregivers agree to initiate hydroxyurea?

NO

YES

Prior to initiating hydroxyurea please ensure the following is completed:
- Refer to “sheet on Hydroxyurea Education” for detailed information
- Bloodwork
- Patient education and ensure there is an ongoing discussion
- Develops a treatment plan
- Write prescription
- Initial dose of hydroxyurea

Ongoing monitoring of bloodwork

In the bloodwork below threshold?

NO

YES

HMTD or clinical target achieved?

NO

YES

Reduce and/or hold dose

Continue with same dose

Consider dose escalation. Refer to HMTD

Indications for hydroxyurea:
- In initial 6 months of age, children, and adolescents with SCA, offer treatment with hydroxyurea regardless of clinical severity to reduce SCD-related complications. Refer to NIH guidelines.
- ≥ 2 hospitalizations for Vaso-Occlusive Crisis (VOC) episodes in a 12-month calendar period
- ≥ 3 acute chest crises requiring transfusions
- ≥ 1 severe organ involvement (organ-related crises) due to VOC pain managed at home
- Abnormal Transcranial Doppler (TCD) in patient failing translation therapy
- Chronic hypoxemia
- Low hemoglobin < 7g/dL
- High conditional TCD velocities
- Fetal hemoglobin (HbF) screening
- Poor growth and development

Prior to starting hydroxyurea ensure that the following is reviewed:
- Details of VOC episodes – number and severity
- Evidence of organ damage – TCD velocities, proteinuria, hypoxemia, academic performance
- Does the patient have sleep apnea?
- Psychosocial issues which might impact compliance with treatment regimen such as transportation, and finance for drug coverage
- Document growth and development
- Through physical examination
- Document discussion, history and physical including height and weight, oxygen saturation, and laboratory reports

3.0 Guideline

PRINTABLE VERSION

4.0 Related Documents

Dissolve and Dose Drug Administration ==>
Chemotherapy At Home: Safely Handling and Giving Medicines
Chemotherapy At Home: Safely Giving Your Child Capsules
Hydroxyurea Education and Discussions Tip Sheet

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5.0 References


7. The effect of prolonged administration of Hydroxyurea on morbidity and mortality in adult patients with sickle cell syndromes;results of a 17-year, single center trial (LaSHS). Blood 2010;115(12):2354-2363


9. Ware, RE. How I use hydroxyurea to treat sickle cell disease. Blood 1 July 2010.Vol 115, Number 26

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Attachments:

Hydroxyurea Education and Discussions Tip Sheet.pdf

Revision History.docx

scd_hydroxyurea_v4_2021.pdf