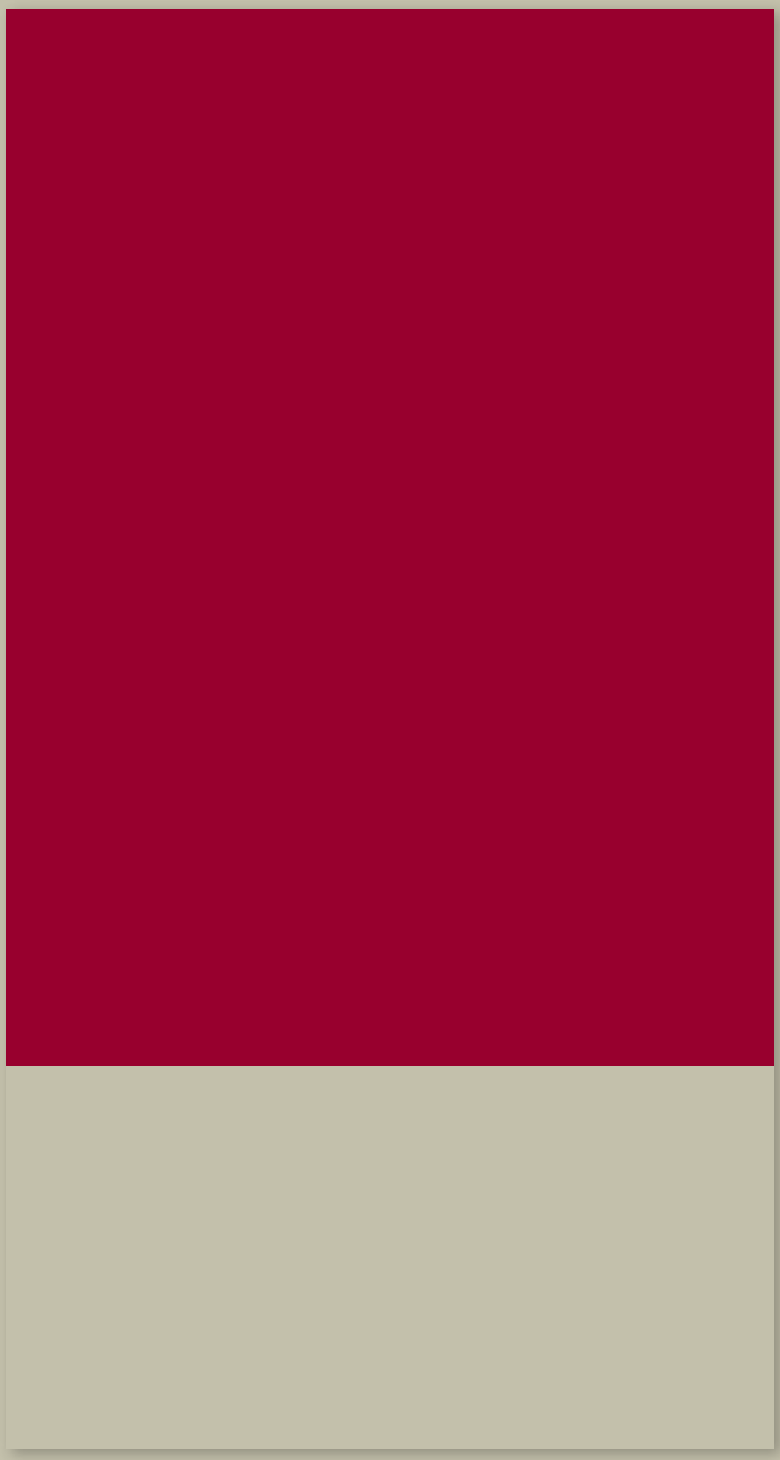

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- Monitor CBC with WBC differential and reticulocyte count at least every 4 weeks when adjusting dosage.
- Aim for a target absolute neutrophil count ≥2,000/µL; however, younger patients with lower baseline neutrophils may safely tolerate absolute neutrophil counts down to 1,250/µL.
- Maintain platelet count ≥80,000/µL.
- If neutropenia or thrombocytopenia occurs:
  - Hold hydroxyurea dosing.
  - Monitor CBC with WBC differential weekly.
  - When blood counts have recovered, reinstitute hydroxyurea at a dose 5 mg/kg/day lower than the dose given before onset of cytopenias.
- If dose escalation is warranted based on clinical and laboratory findings, proceed as follows:
  - Increase by 5 mg/kg/day increments every 8 weeks.
  - Give until mild myelosuppression (absolute neutrophil count 2,000/µL to 4,000/µL) is achieved, up to a maximum of 35 mg/kg/day.
- Once a stable dose is established, laboratory safety monitoring should include CBC with WBC differential, reticulocyte count, and platelet count every 2–3 months.

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- Patients should be reminded that the effectiveness of

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Transfusions can be lifesaving but carry a risk of severe adverse effects including death. Many hazards, such as risk of alloimmunization, are amplified in SCD. Many best practices to minimize adverse effects remain under investigation.

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