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TRUST CLINICAL GUIDELINE FOR ANAEMIA - MANAGEMENT OF SYMPTOMATIC ANAEMIA - SUMMARY CLINICAL GUIDELINE

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CG-HAEM/2018/006	2.0.3		Final	Kanwaldeep Singh
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	2.0.0	May 2020	Dr Cathrine Fraiser	Revision in consultation with Dr Kanwaldeep
			Gastroenterology	Singh Atwal
			Consultant,	Siligii Atwai
			Nutrition Lead	
Intended Recipients: State who the Clinical Guideline is aimed at – staff groups etc.				
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Training and Dissemination: How will you implement the Clinical Guideline, cascade the				
information and address training				
Linked Documents: State the name(s) of any other relevant documents				
Keywords:				
noywords.				
Business Unit Sign Off			Group:	
			Date:	
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Contact for Review			Dr Kanwaldeep Singh Atwal/ Dr Cathrine	
			Fraiser	J
Lead Executive Direct	tor Signa	ture		

Anaemia - Management of Symptomatic Anaemia - Summary Clinical Guideline

GP Pathway - Presentation with Symptomatic Anaemia

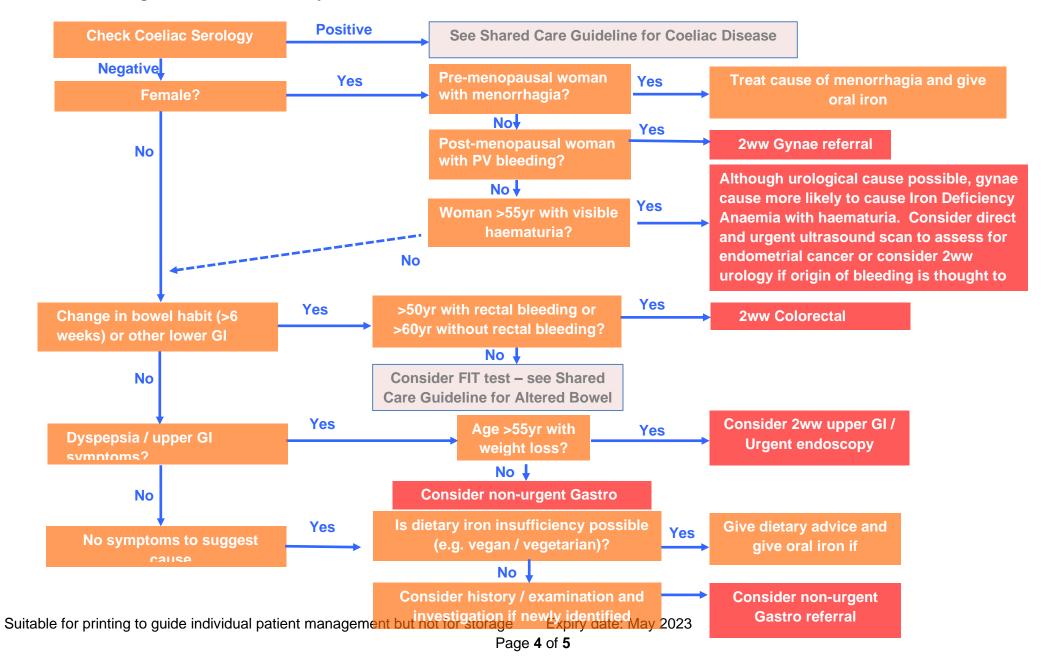
In the case of haemodynamic instability and/or ongoing bleeding, *Exclusion criteria for refer to appropriate acute care area this pathway Patients with recurrent anaemia due to known Iron Deficiency Anaemia No cause e.g. cancer Low Hb: <120g/L Female, <130g/L male, Consider other under follow up by that with low MCV <80 fl, low MCH <27pg causes for anaemia AND/OR Ferritin <30ug/L specialty e.g. oncology, renal, gastro, palliative care should organize Yes treatment via and no active bleeding CDU/MDU Pre-menopausal women Take history of symptoms - if - check for history of syncopal, has chest pain or SOB on menorrhagia and refer to minimal exertion refer to MAU same day gynaecology Investigations Active bleeding Check urine dip Acute history of melaena Send coeliac serology Splenomegaly – if yes Send B12/folate/ferritin refer to haematology Hb <80 g/L Hb ≥80g/L Consider oral iron. Treat with oral Patients with no/mild symptoms (i.e not breathless on iron* mild exertion) and with low MCV suggesting chronicity, can have oral iron even if Hb is 55 or 60 g/L, if unsuitable or exclusion* criteria apply Gp to refer according to Page 3 If IV iron is required for symptomatic, new onset anaemia refer to Ambulatory Care for booking of IV iron *Exclusion criteria for oral infusion unless exclusion* criteria apply iron - Call Bed Bureau (7)89099 Unable to tolerate oral iron (i.e *please do not send to ED persistant diarrhoea, abdo pain or severe constipation not alleviated by laxatives) Patient attends ACC for infusion Unable to comply with oral iron regimen Unlikely to absorb oral iron Ongoing blood loss GP to refer to according to Page 3

ED/MAU Pathway - Front Door Presentation with Symptomatic Anaemia

In the case of haemodynamic instability and/or ongoing bleeding, *Exclusion criteria for refer to appropriate acute care area this pathway Pre-menopausal women - check for history of menorrhagia and refer to Iron Deficiency Anaemia gynaecology Low Hb: <120g/L Female, <130g/L male, No Active bleeding with low MCV <80 fl, low MCH <27pg Consider other AND/OR Ferritin <30ug/L causes for anaemia Acute history of melaena Splenomegaly - if yes refer to haematology Yes and no active bleeding Take history of symptoms - if syncopal, has chest pain or SOB on minimal exertion refer to MAU same day Investigations Check urine dip Send coeliac serology Send B12/folate/ferritin Hb < 80 a/LHb ≥80g/L Consider oral iron. Treat with oral iron* Patients with no/mild symptoms (i.e not breathless on mild exertion) and with low MCV suggesting chronicity, can have oral iron even if Hb is 55 or 60 g/L, if unsuitable or exclusion* criteria apply Discharge and follow pathway for referral on Page 4 If IV iron is required for symptomatic, new onset anaemia refer to Ambulatory Care for booking of IV iron infusion unless exclusion* criteria apply - Call Bed Bureau (7)89099 *please do not send to ED *Exclusion criteria for oral iron Patient attends ACC for infusion Unable to tolerate oral iron Discharge and follow pathway for Unable to comply with referral on Page 4 oral iron regimen Unlikely to absorb oral iron Ongoing blood loss



GP Investigation of Iron Deficiency Anaemia



MAU Outpatient Investigation of Iron Deficiency Anaemia

