

Anaemia – Iron Deficiency

PATIENT PRESENTATION

Patient ≥ 16 years of age has evidence of iron deficiency on blood test:

- Anaemia (low Hb)
- Microcytosis (low MCV)
- Hypochromia (low MCH)

Please note that MCV and MCH may not be low in patients with chronic disease. Ferritin levels may be low in the absence of anaemia or microcytosis.

CHECK IRON STATUS

Check **serum ferritin** – iron deficiency is diagnosed if serum ferritin < 30 µg/L.

Other tests that may aid diagnosis:

- Transferrin (> 4 g/L)
- Serum iron (< 11 µg/L)

Normal or high ferritin

Low ferritin

FURTHER BLOOD TESTS

Patients with anaemia, low MCV/MCH but a normal ferritin should be considered for the following blood tests:

- Full blood count
- Blood film
- Serum iron
- Transferrin
- C-reactive protein (CRP)
- Haemoglobin electrophoresis

Abnormal

Normal

CONSIDER REFERRAL

Consider discussion with duty Haematologist for advice and possible onward referral.

NO FURTHER ACTION

No further action is required in assessment of suspected iron deficiency anaemia if all bloods are normal.

START IRON SUPPLEMENTATION

Start iron supplementation in all patients:

- **Ferrous Fumarate** 210mg one tablet daily
- **Ferrous Sulphate** 200mg one tablet daily

Twice daily dosing may be required if rapid rise in Haemoglobin desirable (e.g. pre-operative).

FURTHER ASSESSMENT

Consider assessing patient to rule out potential sources of blood loss.

- Urinalysis
- Coeliac antibodies and serum IgA
- Colorectal symptoms
- Upper gastrointestinal symptoms

If patient has any of the above features consider onward referral as appropriate.

Concerning features

No concerning features

CONCERNING FEATURES

Consider referral for patients with any concerning features:

- Haematuria – Urology
- Upper GI symptoms – “Cancer Urgent Upper GI”
- Colorectal symptoms – “Cancer Urgent Colorectal” (please check FIT test – see page 2 for details)
- Coeliac antibody positive – Gastroenterology (routine) (DO NOT start gluten free diet prior to assessment)

MENSTRUATING FEMALE?

Is patient a menstruating female, with periods that reasonably explain the cause of blood loss?

Yes

No

FAMILY HISTORY

Does the patient have a family history of colorectal cancer with the following:

- One first degree relative diagnosed with bowel cancer before the age of 50
- Two or more first degree relatives diagnosed with bowel cancer at any age

Yes

No

REFER TO GASTROENTEROLOGY

Consider urgent referral on SCI Gateway:

- “Iron Deficiency Anaemia” at ARI
- “Gastroenterology” at Dr Gray’s

Please check Faecal Immunochemical Test (FIT) test prior to referral by selecting the Colorectal order set on ICE (see page 2 for details)

COMPLETE SUPPLEMENTATION

Complete iron supplementation for 3 months and confirm resolution with FBC and Ferritin.

If poor response consider:

- Compliance with supplementation
- Ongoing or further blood loss

If no concern, continue iron replacement with at least one alternative oral iron supplementation (e.g. ferrous sulfate, ferrous gluconate, liquid preparation).

If ongoing poor response, consider referral for further investigation and consideration of IV iron therapy.

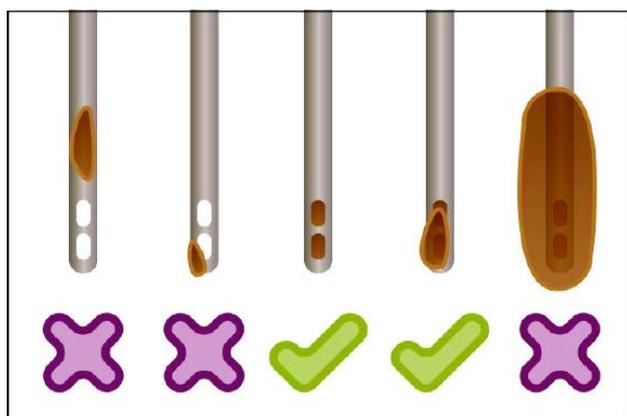
Return completed sample kit to GP surgery without delay

Instructions for the collection of samples for Faecal Immunochemical Testing (FIT)

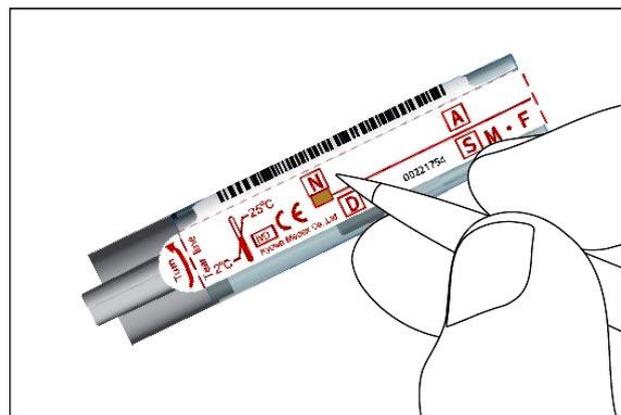
- 1** Your health professional has asked you to collect a faecal sample using the enclosed special device. This test looks for tiny amounts of blood in the faeces.



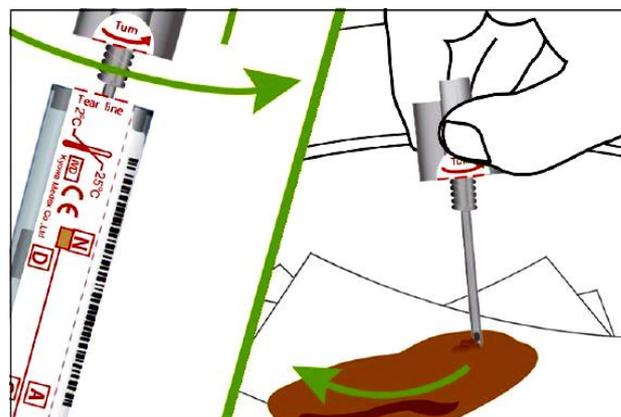
- 3** To catch your stool sample either put layers of toilet paper in the toilet bowl or collect the stool into a clean disposable container. Make sure that the stool does not go into the water.



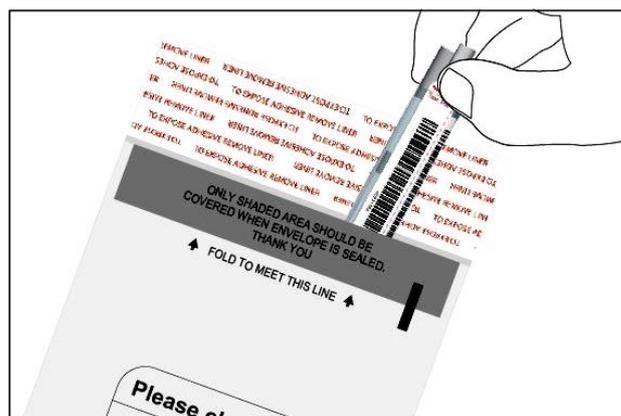
- 5** Ensure the end of the stick is covered in sample but not excessively so. Slowly replace the stick into the tube and twist clockwise to close securely.



- 2** Check that your name and date of birth are correct on the label. Write the date on the **reverse** side of the tube as shown.



- 4** Unscrew the top of the sample tube anti-clockwise and scrape the end of the stick along the stool sample.



- 6** Place the sample in the plastic bag and return to your GP surgery **without delay**.