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| **Medical Day Care Blood Transfusion/ IV Iron Referral Form** | |
| Patient Name:  D.O.B  NHS / MRN no:  Referring Clinician:  Date of Referral \_\_/\_\_/\_\_ GP contact Number: | **Reason for referral (check box):**  **Blood Transfusion**  GP to arrange X**-**match (2 separate samples required if patient’s first transfusion please)  **Iron Infusion**  **Indication:** |
| **Recent blood results:**   |  |  |  | | --- | --- | --- | |  | Current | Baseline | | Hb |  |  | | MCV |  |  | | WCC |  |  | | Platelets |  |  | | Urea |  |  | | Creatinine |  |  | | eGFR |  |  | | Ferritin |  |  | | Serum Iron |  |  | | Folate |  |  | | B12 |  |  | | TSH |  |  |   **Patient’s weight (kg)** | **Relevant Past Medical History (e.g. heart failure, CKD):**   |  | | --- | |  |   **Current Medication:**   |  | | --- | |  |   **Allergies:**  **DNACPR**  Yes  No  **Escalation status:**  **If regular blood transfusions, has a long term treatment plan been discussed with patient and/or relatives?**  Yes  No |
| **Previous Treatment:**  **Blood**  **Iron**  **Both**  Date: \_\_/\_\_/\_\_  **Is patient on oral iron?**  Yes  Preparation: Please select  Since when:  No Please select  **Is iron deficiency being investigated?**  Yes  No | **Is patient able to consent?**  Yes  No  If no, has NOK/Power of Attorney been informed and will they be attending with patient?  Yes  No  **Any other relevant information:** |
| **Please send referrals to: Senior Sister Michelle Pearce, Medical Day Care or email:** [**MedicalDayCare@nbt.nhs.uk**](mailto:MedicalDayCare@nbt.nhs.uk) **with [ENCRYPT] as the first word on the “subject” line of the email.** | |

Completed by MDC:

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| --- | --- | --- |
| Date referral Seen & by: | Accepted: Yes / No: | Date of Appointment: |

**PATHWAY FOR IRON DEFICIENCY ANAEMIA MANAGEMENT (Dr J Birchall, Consultant Haematologist)**

**STEP 1**

Anaemia identified: Hb

Males <130g/l

Females <120g/L

Hb <70 (<80 if elderly/ cardiovascular disease) or significant symptoms/signs of anaemia?

If unstable (active bleeding, hypotensive, tachycardic) consider urgent admission via acute take

N

Y

**STEP 2**

Initial Work Up for Anaemia including history, examination, bloods, other investigations as appropriate.

Blood Transfusion **MDC**

(Consider 1 unit and treat underlying cause)

**STEP 3**

Low MCV and no significant symptoms/signs

Ferritin low = IDA. If doubt over diagnosis of IDA based on ferritin, check serum iron and transferrin saturations.

Treat underlying cause (i.e. menorrhagia, haematuria, GI bleeding)

1. Oral iron replacement: First line Ferrous Sulphate 200mg BD/TDS. If not tolerated fumarate/gluconate.
2. Parenteral replacement if poor oral iron tolerance, impaired GI absorption, Haemodialysis at **MDC**
3. Dietary advice

**STEP 4**

Repeat Hb after 2-4 weeks.

If improvement of 10-20g/L continue iron and repeat Hb after a further 2-4 weeks.

Once Hb normalised continue iron for 3 months and stop.

If no improvement consider parenteral at **MDC**

**If pancytopenia refer to Haematology.**

**If CKD consider referral to Renal**