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| **Medical Day Care Blood Transfusion/ IV Iron Referral Form** |
| Patient Name: D.O.BNHS / 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):**

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**Current Medication:**

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**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 selectSince 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** **with [ENCRYPT] as the first word on the “subject” line of the email.** |

Completed by MDC:

|  |  |  |
| --- | --- | --- |
| 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**