

General Medicine – Anaemia Patient Pathway August 2012 **Patient Presentation** GP Low haemoglobin Anaemia Definition: low haemoglobin <11.5 g/dl (F) or < 13 g/dl (M) please refer to local laboratory for normal ranges Standard laboratory blood tests (U&E,LFTs, confirmed CRP or ESR, blood film + ferritin Suspected blood disorder MCV high Mean cell volume (MCV) Secondary Care normal or low Seek Check B12 + folate Ferritin low Ferritin high or normal Haematological advice B12 + folate B12 Folate GP GP low normal low **History:** Check for acute/chronic illness Recent bleeding Diet history suggests Check for Gamma GT Dietary • Rheumatoid arthritis or other • Diet intrinsic antibody malabsorption raised? deficiency autoimmune disease • Drug history (NSAIDs, chemo) Acute or chronic infections or Family medical history inflammatory diseases Menstrual history Negative Yes Positive No No Yes Chronic liver disease Operations • Renal failure • Recent illness (GI symptoms, weight • Chronic malignancy loss, altered bowel habit) Consider thalassaemias **Physical examination:** GP GP GP Secondary Care Abdominal palpation ? High or excessive Seek Folate **NB:**Patients with normal • Chest examination Pernicious alcohol consumption Haematological supplementation. ferritin and inflammatory Rectal examination Anaemia advice Consider referral Faecal occult blood disease can still be iron Treat with B12 If alcohol to dietician. Positive alcohol deficient Manage or refer as appropriate and monitor discounted or liver history disease suspected Manage or refer as response 2 appropriate months Anaemia still Abnormal Primary Care **Secondary Care** unexplained menstrual bleeding Provide or refer for Refer to alcohol counselling Gastroenterology . **Secondary Care Secondary Care** Refer for Gastro-Intestinal www.patient.co.uk i Refer to Gynaecology investigations

Primary Care Secondary Care

Patient