General Medicine – Anaemia  Patient Pathway  August 2012

**Patient Presentation**

**Anaemia**
Definition: low haemoglobin
- <11.5 g/dl (F) or < 13 g/dl (M)
  please refer to local laboratory for normal ranges

**History:**
- Recent bleeding
- Diet
- Drug history (NSAIDs, chemo)
- Family medical history
- Menstrual history
- Operations
- Recent illness (GI symptoms, weight loss, altered bowel habit)

**Physical examination:**
- Abdominal palpation
- Chest examination
- Rectal examination
- Faecal occult blood

Manage or refer as appropriate

**Mean cell volume (MCV)**
- normal or low
  - Low haemoglobin confirmed

**Ferritin**
- low
  - Suspected blood disorder
- high or normal
  - GP

**Check for acute/chronic illness:**
- Rheumatoid arthritis or other autoimmune disease
- Acute or chronic infections or inflammatory diseases
- Chronic liver disease
- Renal failure
- Chronic malignancy
- Consider thalassaemias

**Check for intrinsic antibody**
- Negative
- Positive

**Folate**
- high or normal
  - Primary Care
  - Secondary Care
  - GP

**Ferritin**
- high or normal
- low

**GP**

**Patients with normal ferritin and inflammatory disease can still be iron deficient**

Manage or refer as appropriate

**Abnormal menstrual bleeding**

**Primary Care**

Provide or refer for alcohol counselling

**Secondary Care**

Refer to Gastroenterology

**Secondary Care**

Refer to Gynaecology

**Secondary Care**

Seek Haematological advice

**Secondary Care**

Refer for Gastro-Intestinal investigations

**Patient**

**Primary Care**

Pernicious Anaemia
Treat with B12 and monitor response 2 months

**Secondary Care**

Seek Haematological advice

? High or excessive alcohol consumption

- Positive alcohol history
- If alcohol discounted or liver disease suspected

**GP**

Diet history suggests malabsorption

Dietary deficiency

Folate supplementation. Consider referral to dietician.

**GP**

Refer for Gastro-Intestinal investigations