Anaemia

- **MILD:** F 110-95g/L M 130-120g/L
- **MODERATE:** F 94-80g/L M 119-90g/L
- **SEVERE:** F <80g/L M <90g/L ***Phone call to haematology registrar/consultant on call advised***

Anaemia is a very common clinical problem. The FMC haematology service provides consultation and/or management of anaemia caused by a primary bone marrow pathology or clinically significant anaemia of unknown aetiology. It is important to note that normocytic normochromic anaemia is rarely secondary to a primary bone marrow disorder and renal causes or early anaemia of chronic disease figure highly in this group.

Information Required

- Presence of Red Flags
- Duration of symptoms
- Past/Current medical history including current medications
- Dietary history
- Bleeding history
- Transfusion requirements

Fax Referral to

Flinders Medical Centre Haematology Fax: 8404 2152

Red Flags

- Weight loss
- Bone pain
- Other cytopenia’s / cytosis

- Unexplained fevers/night sweats
- Lymphadenopathy / hepatosplenomegally

Investigations Required

- FBE: blood film and reticulocyte count
- Historical FBE assessment
- Full biochemistry

Suggested GP Management

**MICROCYTIC (MCV<80):**

- Iron deficiency: Referral to gynaecology or gastroenterology as appropriate. Commence iron replacement if dietary or known bleeding source
- Thalassaemia/Haemoglobinopathies screening HB electrophoresis only if chronic microcytosis and normal iron studies with relevant history and/or blood film findings.

**MACROCYTIC (MCV >100):**

- suggest exclusion of:
  - Vitamin B12/folate deficiency
  - Drug-induced: Drug history
  - Significant alcohol history
  - liver disease by LFTs assessment
  - hypothyroidism by thyroid function tests
  - Myelodysplasia by requesting blood film review

**NORMOCYTIC (MCV 80-100):**

- check reticulocyte count
  - If the reticulocyte count is increased consider:
    - Haemorrhage/acute bleeding
    - Haemolytic anaemia: Suggest LDH, Haptoglobin, DAT, Bilirubin and consider a phone call to haematologist on call
  - If the reticulocyte count is normal/decreased consider:
    - Renal impairment
    - Anaemia of chronic disease
    - Myeloma: Suggest serum EPG, serum light chains, B2Microglobulin levels, calcium levels and skeletal survey
    - Other primary bone marrow disorders including Leukemia, aplastic anaemia or myelodysplasia.

Clinical Resources


General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website [www.sahealth.sa.gov.au/SALHNoutpatients](http://www.sahealth.sa.gov.au/SALHNoutpatients)