

Anaemia

- **MILD:** F 110-95g/L M130-120g/L
- **MODERATE:** F 94-80g/L M119-90g/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

Investigations Required

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

Fax Referral to

Flinders Medical Centre Haematology Fax: 8404 2152

Red Flags

- | | |
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| <ul style="list-style-type: none"> 🚩 Weight loss 🚩 Bone pain 🚩 Other cytopenia's / cytosis | <ul style="list-style-type: none"> 🚩 Unexplained fevers/night sweats 🚩 Lymphadenopathy / hepatosplenomegally |
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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

Approach to the adult patient with anaemia, Uptodate: http://www.uptodate.com/contents/approach-to-the-adult-patient-with-anemia?source=search_result&search=anaemia&selectedTitle=1%7E150

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

Version	Date from	Date to	Amendment
1.0	August 2014	August 2016	Original