NHS North of Tyne

Clinical Guidelines

Guideline Number: NoT 02

NHS North of Tyne Guidelines on Iron Deficiency Anaemia & Referral Form v2

Ratified by:	NHS North of Tyne Pathways & Guidelines Group
Date ratified:	July 2010
Date issued:	September 2010
Review date:	June 2013
Organisations signed up to this guideline:	NHS North of Tyne (on behalf of the PCT's), Newcastle upon Tyne Hospitals NHS Foundation Trust, Northumbria Healthcare Foundation Trust
Name of originator/author:	Dr. John Warrington
Target audience:	All clinicians in the Newcastle, North Tyneside and Northumberland areas involved in the management of patients with iron deficient anaemia.
Consultation Process:	This guideline and the consultation process was developed by a working group with representatives from Northumbria Healthcare NHS FT, Newcastle Upon Tyne Hospitals NHS FT, and primary care clinicians.
Mandatory/Statutory Standards or Requirements	Guidance only
Training Requirements	No specific training requirements
Distribution	Primary care
Implementation	Distributed to GPs and uploaded onto extranet and public website.
Monitoring Compliance	Guidance only

NHS North of Tyne

Iron Deficiency Anaemia Referral Form

Name of patient:
DOB:
NHS no:
Address:

Post code:
Telephone number:

Practice:
Practice Address:

Referring doctor:
Referral date:

Preferred Hospital:

Newcastle Hospitals
Fax 0191 282 5551
RVI □
Freeman □

Northumbria Hospitals:
Fax 0191 293 2571
Wansbeck □
Hexham □
N. Tyneside □

Results: (Note: incomplete forms will be returned)

Hb : (<12.0 men, <11.0 women. Note: iron deficiency with ***no*** anaemia is still investigated, see notes below).
MCV: Ferritin: Urine dip: Coeliac screen:

Before sending this form, please read 'General Principles' and flow chart overleaf

Alarm symptoms (please circle)

(if "Yes" consider referral under 2 week rule using separate appropriate form)

Abdominal mass Y/N Altered bowel habit Y/N Weight loss Y/N
Rectal mass Y/N (PR may only be needed if there is altered bowel habit)

Fitness for colonoscopy (see general principles)

This patient is fit for colonoscopy □
This patient will be able to take bowel prep at home □
This patient is able to give informed consent □

Further information / other significant medical problems (give details)

Diabetes □ insulin □ tablets □ diet □
Warfarin □ indication:
Aspirin □
Clopidogrel □ indication:
Heart problems □ Chest problems □

Patient suitable for direct to test □
Prefer/require OPD appointment (rather than direct to test) □
Medication printout attached □

Iron deficiency anaemia – General Principles (www.bsg.org.uk)

- **Must** be proven on haematological and biochemical tests and urine must be dipped.
- For **premenopausal women under 50yrs** gastroscopy should be considered for upper GI symptoms. **Colonoscopy is not indicated** in the absence of bowel symptoms or strong family history of colorectal cancer (1° relative <45 years or 2 affected 1° relatives). Therefore this guideline is usually not appropriate to use for premenopausal women. Gynaecology causes should always be considered.
- **Iron deficiency without anaemia** should only be investigated in post menopausal women and men over 50 years.
- When the MCV has previously been normal, microcytosis is usually due to iron deficiency. **If the ferritin is normal**, iron deficiency may be confirmed with serum iron, transferrin and saturation. Haemoglobinopathy should be considered according to clinical circumstances
- Patient will be sent for direct endoscopy and colonoscopy unless OPD appointment requested.
- Please **stop iron 1 week prior** to investigations.
- If patient has IDA with **Hb <8.0**, consider giving 2 weeks of iron treatment followed by 1 week with no iron prior to endoscopy.
- **All patients on warfarin need to be referred to the OPD**, not direct to test.
- Consider OPD appointment if:
  -patient >75 years (? Use 2 week rule form instead)
  -on clopidogrel (see notes below)
  -cognitive impairment or learning disabilities
  -significant co-morbidities
  -patient has concerns about direct to test route
  -recurrent anaemia (to avoid multiple investigations)
  -ferritin 50-100 with anaemia
  -patient very frail, and after discussion with patient, consider not referring to OPD and treating with iron and PPI instead.

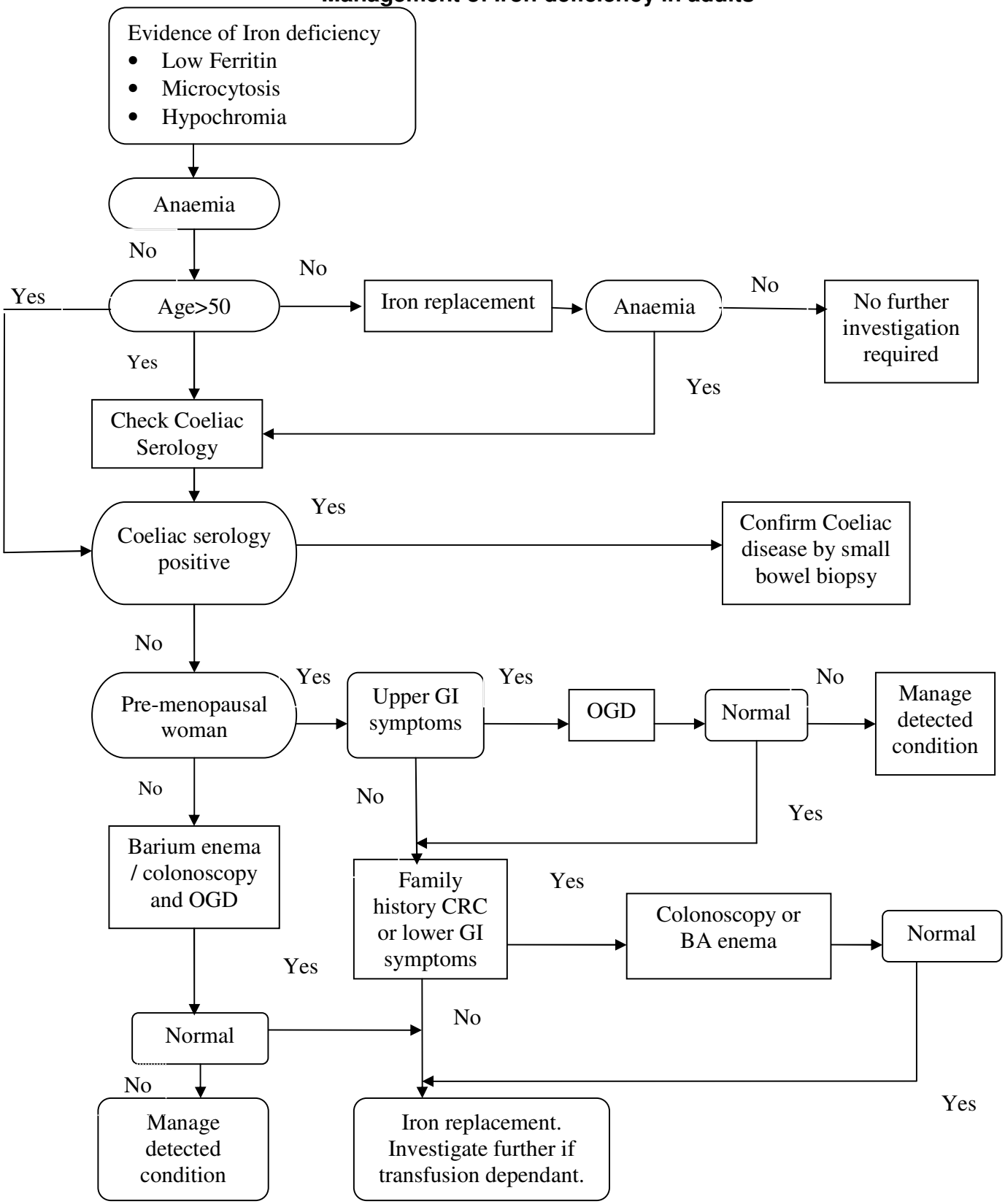
Aspirin, Clopidogrel and Prasugrel

Patients on low dose aspirin may continue on treatment.

High risk clopidogrel patients require referral to OPD, NOT direct to test.
Patients are those who are clopidogrel due to having either coronary or carotid artery stents.

Low risk clopidogrel patients are patients who are on clopidogrel because they can't tolerate aspirin. Clopidopgrel must be **stopped 10 days** prior to investigation.

Management of Iron deficiency in adults



Reference: British Society of Gastroenterology Guidelines for the Management of Iron Deficiency Anaemia.

These guidelines make recommendations for the investigation of iron deficiency anaemia. The interventions should be offered to all people who are likely to benefit, irrespective of race, disability, gender, age, sexual orientation or religion. Information should be provided to patients in an accessible format and consideration should be given to mobility and communication issues, and being aware of sensitive and cultural issues.

Membership of the group

Dr John Warrington, GP and PBC lead, Northumberland (group lead)
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Dr Liz Phillips, Consultant Gastroenterologist, Northumbria Healthcare NHS Foundation Trust

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