







Medical Day Care Blood Transfusion/ IV Iron Referral Form			
Patient Name:			Reason for referral (check box):
ratient Name.			Blood Transfusion
D.O.B			GP to arrange X-match (2 separate samples required if patient's first
			transfusion please)
NHS / MRN no:			Iron Infusion □
Referring Clinician:			Indication:
Date of Referral//			
GP contact Number:			
Recent blood results:			Past Medical History:
	Current	Baseline	
Hb			
MCV			
WCC			
Platelets			
Urea			
Creatinine			Current Medication:
eGFR			
Ferritin			
Serum Iron			
Folate			
B12			
TSH			Allergies:
15H			I -
Patient's weight (kg)			Escalation plan:
ratient's weight (kg)			
			DNACPR
			Yes No
Previous Treatment:			Is patient able to consent?
Blood			Yes No No
Iron 🗆			
Both			If no, has NOK/Power of Attorney been informed and will they
5			be attending with patient?
Date://_			Yes □ No □
Is patient on oral iron? Yes □			Any other relevant information:
Preparation: Please select			Any other relevant information:
Since when:			
No Please select			
Is iron deficiency being investigated?			
Yes □ No □			
Please send referrals to: Sister Jackie Binns, Medical Day Care (Fax: 0117 4149484) or email:			
Medical Day Care@nbt.nhs.uk			
Completed by MDC:			
Date referral Seen & by: Accepted: Yes / No: Date of Appointment:			



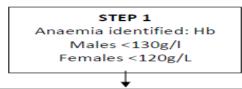








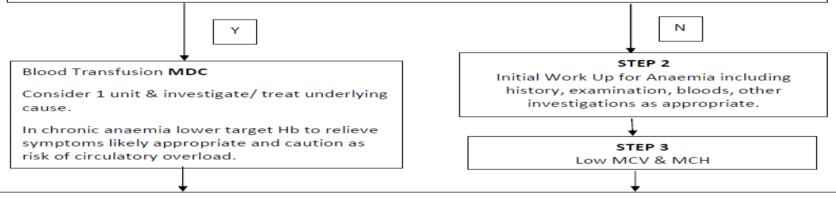
PATHWAY FOR IRON DEFICIENCY ANAEMIA MANAGEMENT (Dr J Birchall, Consultant Haematologist)



Hb <70 (<80 if elderly/ cardiovascular disease) or significant symptoms/signs of anaemia?

If unstable (active bleeding, hypotensive, tachycardic) consider urgent admission via acute take

If pancytopenia refer to haematology, if CKD consider renal referral



Ferritin low = Iron Deficient Anaemia (IDA).

If doubt over diagnosis of IDA i.e. ferrtin low/normal (usually less than 100 μ g/L and this may be acute phase response check serum iron and transferrin saturation.

Treat underlying cause (i.e menorrhagia, haematuria, GI bleeding)

- Oral iron replacement: Side effects are related to the dose of elemental iron and reduced by a lower dose.
- 2) Parenteral replacement if poor oral iron tolerance, impaired GI absorption, Haemodialysis at MDC
- 3) Dietary advice

STEP 4

If oral iron replacement repeat Hb after 2-4 weeks.

If improvement of 10-20g/L continue iron and repeat Hb after a further 2-4 weeks.

Once Hb normalised continue iron for 3 months and stop.

If no improvement consider parenteral at MDC