

**Anemia/Iron Deficiency**

Developed by	American Society of Hematology (ASH )
How developed	The Pertinent Data Sets were developed by an ASH HVCC work group, reviewed by the Society’s Committees on Practice and Quality, and then reviewed and approved by the ASH Officers.
Additional essential patient information	<p><b>Notes to Referring Clinician</b></p> <ul style="list-style-type: none"> <li>Patients with iron deficiency should be evaluated for a source of blood loss prior to referral to hematology. Patients who respond appropriately to iron therapy probably do not need a hematology consultation.</li> </ul> <p><b>Relevant History</b></p> <ul style="list-style-type: none"> <li>Previous trial of iron therapy? Did the patient respond?</li> <li>Does the patient have a known cause of decreased iron absorption such as gastric bypass or celiac disease?</li> </ul> <p><b>Relevant Findings (Labs/Studies)</b></p> <ul style="list-style-type: none"> <li>CBC with differential, reticulocyte count, iron studies including ferritin, Fe, and total iron binding capacity (TIBC), creatinine. If MCV is &gt;100, consider B12 (and methylmalonic acid if low B12) and folate levels.</li> </ul>
Additional patient information, if available	None provided
Alarm symptoms/conditions	None provided
Tests/procedures to avoid prior to consult	<p>Consider deferring the following to the hematologist. If already performed, please include reports:</p> <ul style="list-style-type: none"> <li>Von Willebrand panel in a woman with heavy menstrual bleeding.</li> <li>Has the patient had thyroid function tests? If so, please include results.</li> </ul>
Common rule-outs to consider prior to consult	<ul style="list-style-type: none"> <li>Has the patient already had a bleeding evaluation? GU, GI, GYN.</li> </ul>
Relevant “Choosing Wisely” elements	<ul style="list-style-type: none"> <li>Do not transfuse more than the minimum number of red blood cell (RBC) units necessary to relieve symptoms of anemia or to return a patient to a safe hemoglobin range (7 to 8 g/dL in stable, non-cardiac, in-patients).</li> </ul>
Healthcare professional and/or patient resources	<p>Healthcare professional Information:</p> <p>UpToDate – <i>Causes and diagnosis of iron deficiency anemia in the adult</i>  <a href="http://www.uptodate.com/contents/causes-and-diagnosis-of-iron-deficiency-anemia-in-the-adult?source=search_result&amp;search=iron+deficiency+anemia&amp;selectedTitle=1%7E150">http://www.uptodate.com/contents/causes-and-diagnosis-of-iron-deficiency-anemia-in-the-adult?source=search_result&amp;search=iron+deficiency+anemia&amp;selectedTitle=1%7E150</a></p> <p>Patient Information:</p> <p>ASH Patient Webpage on Anemia  <a href="http://www.hematology.org/Patients/Blood-Disorders/Anemia/5225.aspx">http://www.hematology.org/Patients/Blood-Disorders/Anemia/5225.aspx</a></p> <p>UpToDate – Patient information: Anemia caused by low iron (The Basics)  <a href="http://www.uptodate.com/contents/anemia-caused-by-low-iron-the-basics?source=see_link">http://www.uptodate.com/contents/anemia-caused-by-low-iron-the-basics?source=see_link</a></p>