Figure 6 Suggested flow chart for establishing type of anaemia and management

Anaemia identified

Confirmatory FBC
[CHr]
Iron Studies [serum ferritin, T-Sat]
Haematinsics (B12, folate, serum ferritin)
Reticulocytes
Renal (u&c, eGFR)
CRP
TSH (if thyroid disease likely)
Coeliac (if coeliac disease likely)
G&S (if transfusion may be considered)
Urine dipstick (if blood loss in urine likely)
LFTs (if relevant)

Ferritin < 30 µg/L or T-Sat < 20 % and/or CHr < 30 pg (if available) [regardless of CRP or eGFR values]

Iron Deficiency Anaemia
Investigate cause, eg GI

Start oral iron
Recheck FBC in four weeks
Continue until surgery if responding
Consider IV iron if no response in four weeks or intolerant of oral iron

Ferritin 30–100µg/L
CRP > 5mg/L or eGFR < 60mls/min

Iron Deficiency Anaemia with an element of Functional Iron Deficiency

Treat as above, plus clinical review
Consider IV iron +/- EPO

Ferritin >100µg/L and T-Sat <20% and/or CHr ≥ 30 pg (if available)
Normal B12& folate and possible raised CRP

Functional Iron Deficiency

B12 or folate deficiency

Consider other causes of Anaemia

B12 or folate normal

Clinical review and consider Haematology referral