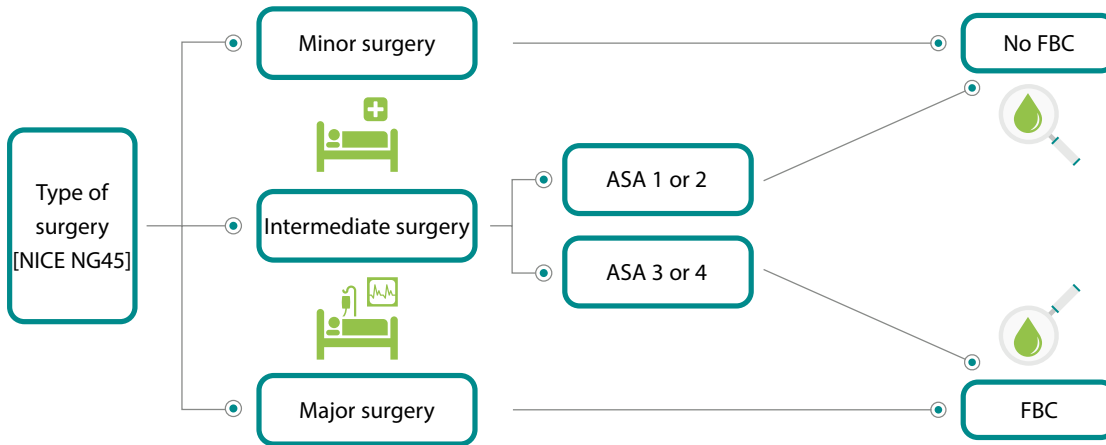




Anaemia pathway


NICE guidance on types of surgery requiring preoperative FBC blood test.



Steps to consider for each patient

Is the patient anticipated to lose over 500ml blood or 10% of blood volume? 


Can a test to identify anaemia (low Hb) be performed as early as possible? 


If anaemia is identified, consider further tests to identify type of anaemia? 


FBC, (ChR), Iron Studies (serum ferritin, T-Sat), Haematinics (B12, folate, serum ferritin), Reticulocytes, Renal (u&e, eGFR or Creatinine), 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)

After results are available, ensure there is access to a senior clinician to undergo Shared Decision Making with the patient, eg whether to undergo further tests or treatment:

- Whether to treat anaemia, if so which treatment?
- Whether to delay operation?
- What is the aim?
- Are other tests needed?
- Whether a referral is needed (eg referral to gastroenterology?)
- Whether to consider an alternative to surgery (patient should be encouraged to think about Benefits, Risks, Alternatives and what if they do Nothing or 'BRAN')
- Can the patient be optimised – eg exercise programme to increase physiological reserve?



Can techniques reduce blood loss in theatre? 

Is there a plan to monitor, assess and manage anaemia postoperatively? 

Does the patient have a discharge and follow up plan? (This is especially important if the patient might be discharged anaemic) Can that plan be followed through (with communication if transfer of care, or named responsible clinical team)? 