

Anemia Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Diagnosis/symptom:	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Hematology Clinic:	Specialist’s workup will likely include:	Model Of Care:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> • Pallor • Fatigue (acute or chronic) • Onset of jaundice • Headache • Associated illness • Diet • Family history <p>Diagnosis</p> <ul style="list-style-type: none"> • Important to compare values (hemoglobin, indices) obtained on local testing with normal childhood values as there are significant differences between adult and childhood norms • Newborn hemoglobin typically 17 to 19 g • 8 to 12 weeks of age is the physiologic nadir with normal values 9 to 11 g, lower in premature infants • Gradual rise to hemoglobin 11.5 - 13.5 by about a year of age • Adult values reached by ages 13 to 15 	<p>Diagnosis and Treatment</p> <p>Physical exam and therapy:</p> <ul style="list-style-type: none"> • History • Vital signs • Pallor • Fatigue • Jaundice • Mental status • CBC • Indices • Reticulocyte count 	<p>Immediate:</p> <ul style="list-style-type: none"> • Hemoglobin less than 6 to 7 g/dL • Rapidly falling hemoglobin • New onset of jaundice • Headache/altered state of consciousness <p>PLEASE CALL OUR CLINIC IF THESE PRESENT</p> <p>To be seen in two weeks: Mild to moderate anemia especially of recent onset where there is no history of dietary insufficiency</p>	<p>After referral to Hematology Clinic:</p> <ul style="list-style-type: none"> • CBC • Reticulocyte count • Smear • Chemistries • Coombs test • Possibly iron studies • Possibly vitamin levels • Rarely one marrow evaluation <p>After examination:</p> <ul style="list-style-type: none"> • Recommendations for local therapy and local follow-up CBC to evaluate response • If evidence of iron deficiency, may include recommendations for IV iron 	<p>Initial consultation with follow-up care by primary care physician.</p>

Causes:

- Dietary deficiency, especially iron
- Chronic hemolytic anemia, for example, sickle cell disease
- Acute onset of hemolytic anemia, for example, autoimmune hemolytic anemia
- Acute fall in hemoglobin due to blood loss

Send referrals to Children’s Hematology.



• Internal referral via Children’s Epic

Send an ambulatory referral to Hematology.

• External referral via Epic

Send to CHW HEMATOLOGY & ONCOLOGY CLINICS. Include history and physical exam including past medical history, recent laboratory studies especially CBC and differential and retic count if obtained.

• Via fax

(414) 266-2426

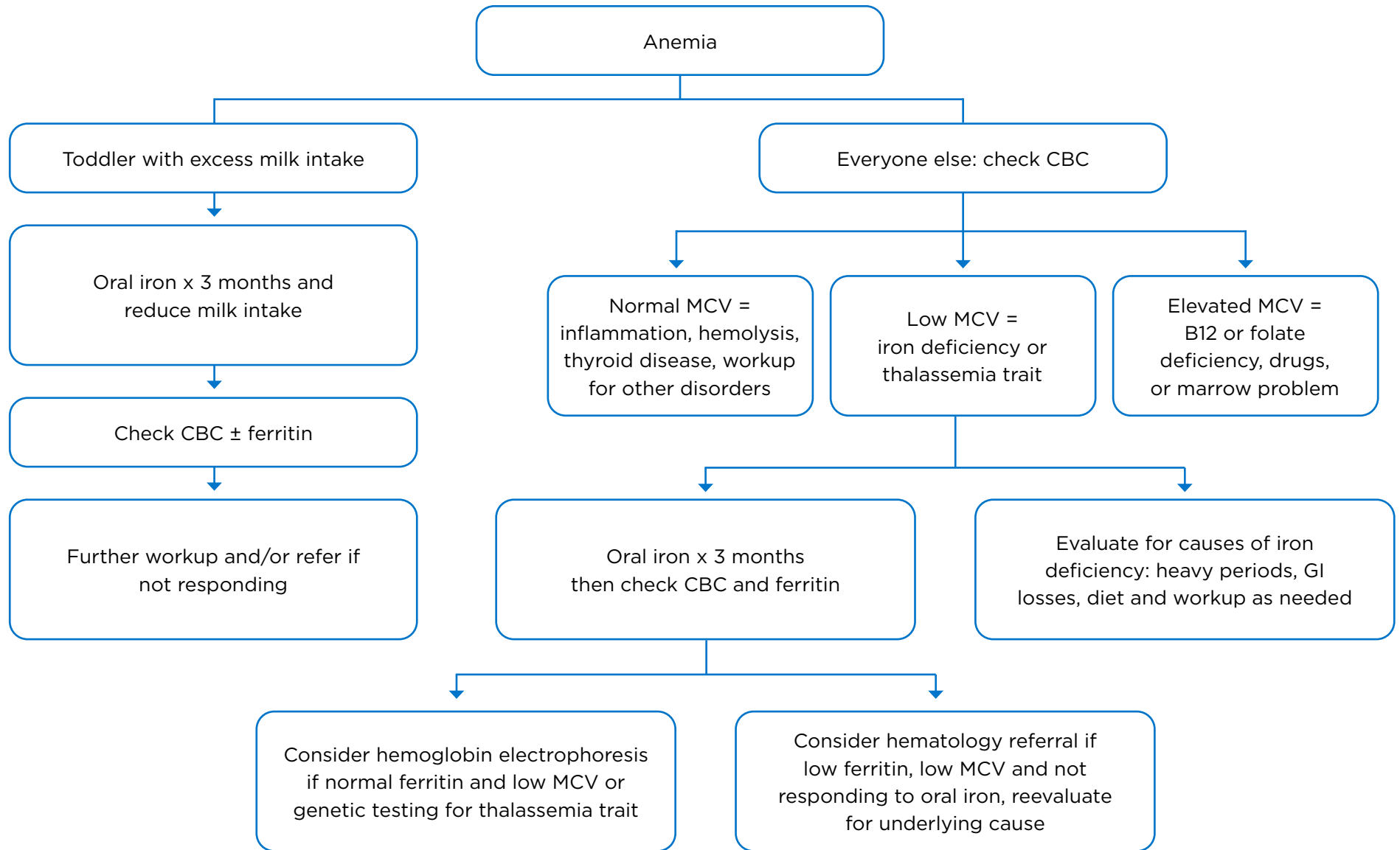
• Via phone

(414) 266-2420



Children’s Wisconsin

Kids deserve the best.



References:

- Iron deficiency: <https://www.aafp.org/pubs/afp/issues/2016/0215/p270.html>
- General anemia: <https://www.uptodate.com/contents/approach-to-the-child-with-anemia>
- Pediatric anemia: <https://ashpublications.org/blood/article/140/6/571/484178/Anemia-in-the-pediatric-patient>

Medical Disclaimer

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