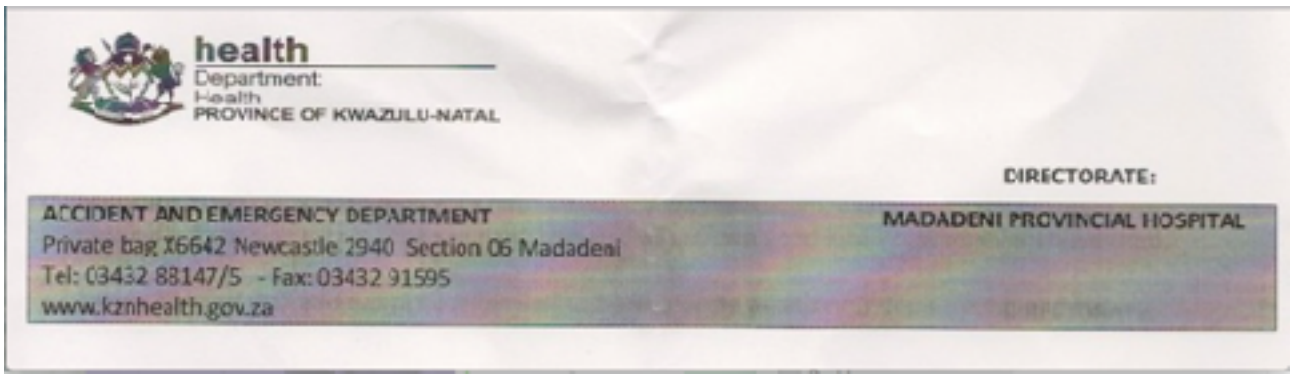


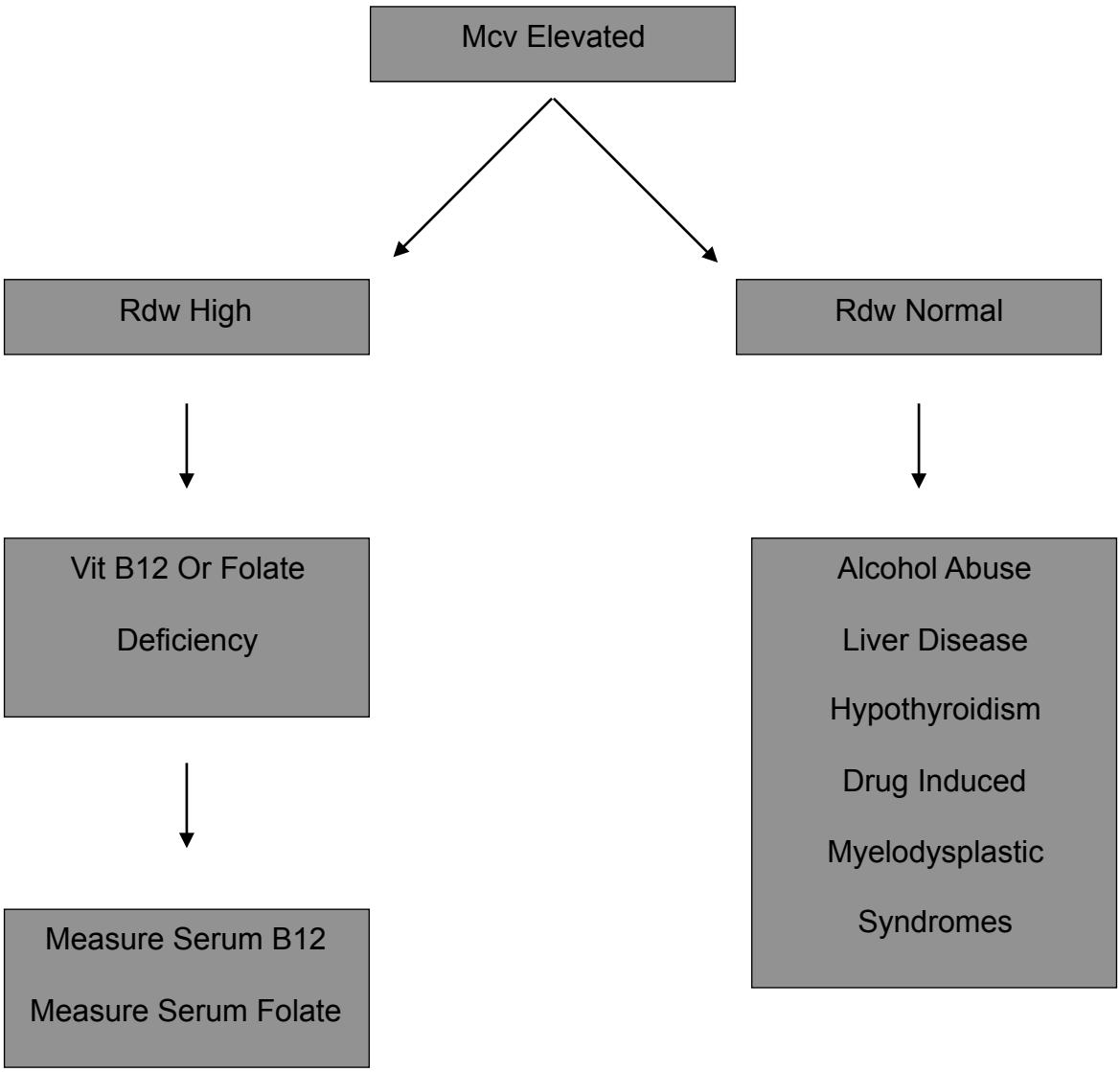
Protocol For Diagnosis And Investigation Of Symptomatic Anaemia In Madadeni A&E 11/8/18 (Draft)

1. Signs Indicating Symptomatic Anaemia
    1. Weakness
    2. Fatigue
    3. Dizziness
    4. Lethargy
    5. Dyspnea With Minimal Exertion
    6. Palpitations
    7. Orthhostatic Symptoms
2. Indicators From History
    1. Recent Rauma
    2. Haematocheazia
    3. Malena
    4. Haemoptysis
    5. Haematemesis
    6. Haematuria
    7. Menorrahagia
    8. Peptic Ulcer Disease
    9. Chronic Liver And Renal Disease
    10. Use Of Anti-Coagulant/Platelet Medication And Nsaids
3. Findings On Physical Examination
    1. Tachycardia
    2. Pallor Of Mucous Membranes, Skin And Nail Beds
    3. Ejection Systolic Murmur
    4. Bounding Peripheral Pulses
    5. Widened Pulse Pressure

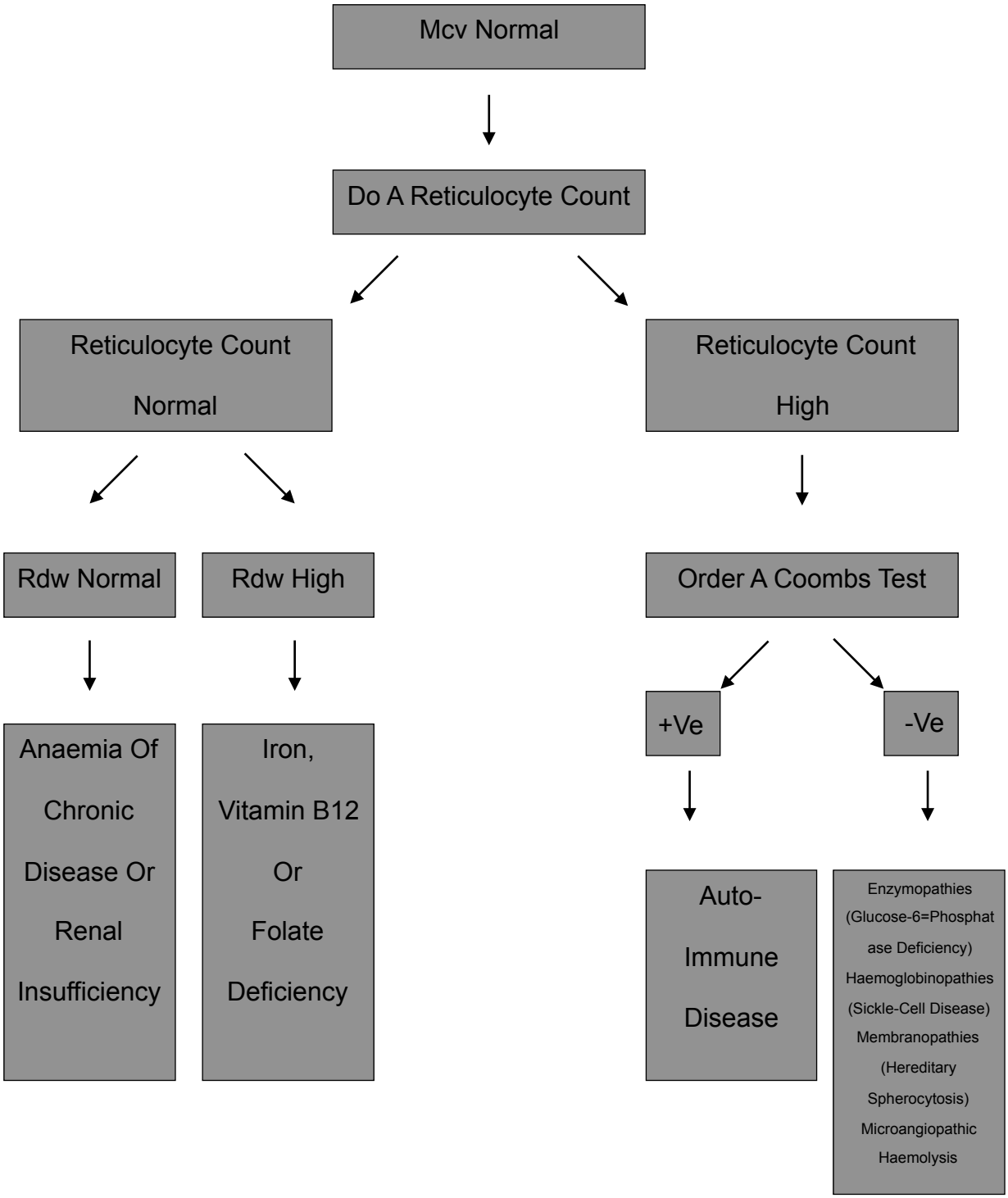
6. Multiple Bruises
    1. May Indicate Underlying Coagulopathy
7. Jaundice And Hepatosplenomegaly
    1. May Indicate Underlying Haemolysis

4. Signs Of Acute Severe Anaemia
    1. Hypotension
    2. Diaphoresis
    3. Anxiety
    4. Altered Mental Status
    5. Severe Thirst
    6. Olig Or Anuric
5. If An Acute Bleed Is Suspected Then Source Of Bleeding Must Be Identified And Stopped Either Physically In Theatre Or With Use Of Pharmaceuticals
    1. This Requires An Urgent Surgical Consult
6. In Patients With Anaemia Secondary To An Underlying Medical Cause
    1. An Fbc Is The First And Most Important Investigation
    2. Multiple Methods Can Then Be Used To Ascertain Possible Causes
        1. The Following Algorithms Can Be Used To Identify Possible Causes But Are Not The Only Methods And Are An Easy Guide
        2. They Are Based On Figures Available On You Fbc

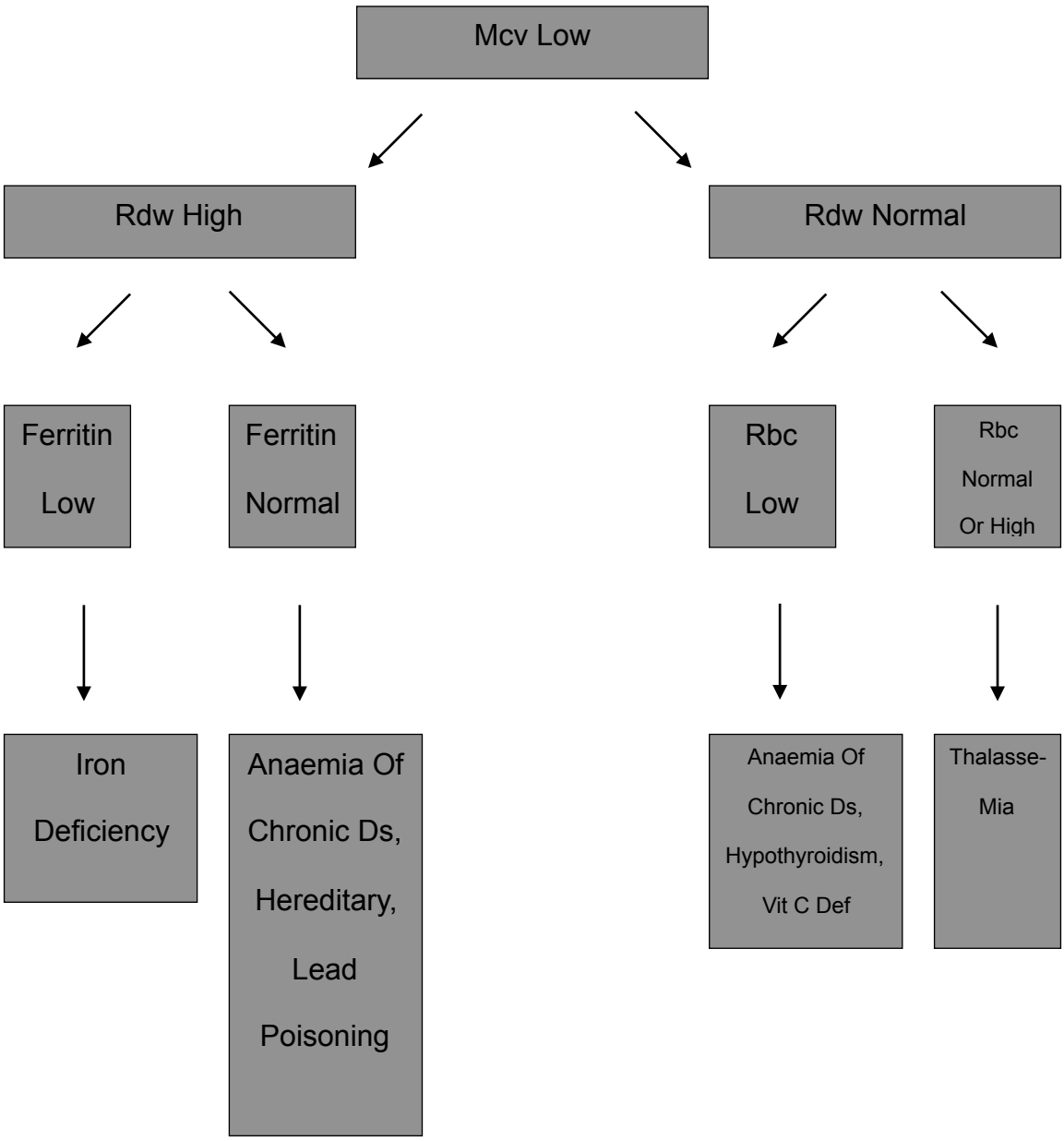
- Key
    - Mcv = Mean Corpuscular Volume
    - Rdw = Red Cell Distribution Width
    - Rcc = Red Blood Cell Count



Macrocytic Anaemia Evaluation



Normocytic Anaemia Evaluation



Normocytic Anaemia Evaluation

- Please Do Not Start Transfusions On Patients Without The Express Consent Of The Medical Officer Or Consultant In Internal Medicine Or Family Medicine
- However If The Patients Has
    - Hb Less Than 3
    - Anginal Symptoms
    - Severe Acidosis
    - Hypoxia
        - A Unit Of Emergency Blood Can Be Started In Consultation With The Above Senior Personnel, I.E, Get The Unit Ready As You Are Discussing With Them So It Can Be Started Asap
- Ideally Transfusion Will Only Be Started After Cause Is Determined, It Makes Diagnosis Impossible If The Patient Is Already Transfused And Admitted
- Treatments Of Specific Anaemias Are Indicated Below
    - These Are For Educational Purposes Only
    - These Treatments Are Normally Not Initiated In The Emergency Department

Anemia Type	Treatment (Adult Doses)
Iron deficiency anemia	Elemental iron, 200–300 milligrams PO daily (e.g., ferrous sulfate, 325 milligrams PO, 3–4 tablets taken on an empty stomach over the course of day); reticulocyte count should increase within 4–7 d and peak at 10 d; sustained treatment after correction of anemia is usually necessary to replenish iron stores.
Cyanocobalamin (vitamin B_{12}) deficiency anemia	Cyanocobalamin, 1000 micrograms IM per week for 8 wk and every month thereafter; reticulocyte count should increase within 4 d and peak at 7 d. Oral replacement with 2000 micrograms daily is also effective (see "Treatment" section).
Folate deficiency anemia	Folate, 1 milligram PO daily (doses up to 5 milligrams may be needed for patients with malabsorption); reticulocyte count should increase within 4 d with normalization of hemoglobin level in 1–2 mo.
Sideroblastic anemia	Evaluate for reversible causes, including alcohol or other drug toxicity, or toxin exposure. Discontinue any offending agents. Treatment is mainly supportive, consisting primarily of blood transfusions to maintain the hemoglobin level. A trial of pyridoxine at pharmacologic doses (500 milligrams PO daily) may be helpful, with response most commonly seen in cases resulting from ethanol abuse or the use of pyridoxine antagonists. Some patients with hereditary, X-linked sideroblastic anemia also respond to pyridoxine. Improvement with pyridoxine is rare for sideroblastic anemia of other causes.
Aplastic anemia	Supportive care, including transfusion if appropriate. Referral for further workup.
Anemia of chronic disease	Supportive care, including transfusion if appropriate. Referral for further workup and evaluation for underlying disease.

Thank You

Dr B Lerotholi_____

Dr Y Mahomed_____