Subject: ANEMIA

Original Date: October 2003

SUBJECTIVE

- Chief complaint
- History of present illness
- PMH/PSH
- Medications

OBJECTIVE

Physical exam

- Vital signs: Orthostatic hypotension and tachycardia
- Skin: Pallor, pale conjunctiva and nail beds
- Abdomen: Splenomegaly is present in hemolytic anemia.
- Rectal: Occult blood.
- Dressings, drains, surgical sites should be inspected for bleeding

Diagnostic tests

- CBC-low hematocrit, platelets count for evidence of leukemia
- RBC-MCV and MCHC allow classification of anemia
- Reticulocyte-effets the rate of production of RBCs
- BMP-BUN increases with GI bleeding.
- Iron TIBC-iron deficiency serum iron decreased and TIBC is increased, anemia of chronic disease, serum iron is decreased of normal and TIBC is decreased
- Folate, Vit B12- these measure deficiencies of specific metabolites
- Consider GI work-up
- Consider U/S and CT scan to identify a tumor

ASSESSMENT

- Microcytic anemia-thalassemia, anemia of chronic disease, iron deficiency, lead poisoning, or sideroblastic
- Macrocytic anemia-B12 or folate deficiencies (usually seen in alcoholic patients) or in patients after extensive ileal resection.
- Acute anemia due to blood loss

PLAN
• Assess patient
• Monitor vital signs
• Start large bore IV (16 gauge)
• Notify MD to before starting treatment plan
• Type and cross match 4U PRBCs
• NS fluid bolus 500-1000 cc as indicated then continue maintenance fluid
• Check stool occult
• NGT to check upper GI source
• Iron deficiency-Ferrous sulfate or gluconate 325 mg TID for several weeks, add stool softener-Colace 100 mg po BID
• Vitamin B 12 deficiency-1000 mg IM qd for 14 d than 1000 mg IM monthly
• Consult with MD: Transfuse blood products as needed
• Update MD

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Anemia NP protocol

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