

CHILDHOOD ANEMIA REFERRAL GUIDELINE

MAINE CHILDREN'S CANCER PROGRAM • 100 CAMPUS DRIVE, SCARBOROUGH, ME • (207) 396-7565

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS: Significant lethargy, fevers, significant bleeding

EXAM: Hemodynamic instability, jaundice, organomegaly, petechiae

LABS: With Hgb < 5
OR

Hgb < 7

AND

Jaundiced

Any blasts or other cell lines down

SUGGESTED PREVISIT WORKUP

Labs: CBC with differential and reticulocyte count, Bilirubin – total and direct, other based on history as needed

MANAGEMENT: Call Pediatric heme/onc, we will help determine etiology and management depending on the diagnosis

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Any concerns for lethargy, jaundice, family history of anemia/hemolysis, teenagers with Fe deficient anemia

EXAM: Hemodynamically stable, No organomegaly, jaundice

LABS: Normal or high MCV, low MCV not consistent with Fe deficiency, Low reticulocyte count, increased bilirubin, normal iron studies

SUGGESTED WORKUP

Labs: CBC with differential and reticulocyte count

Bilirubin – total and direct, other based on history as needed

MANAGEMENT: Depending on cause – potential diagnosis includes sickle cell, thalassemia, hemolysis (due to membrane or immune) acute blood loss

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Clinically asymptomatic or very mild, no jaundice, dietary history of significant cow's milk (Fe) ingestion or goat's Milk (Folate), strict Vegan (B12)

EXAM: Unremarkable clinical exam with essentially normal vital signs

LABS: Milder anemia without increased bilirubin and otherwise normal CBC

SUGGESTED MANAGEMENT

LABS: CBC with differential and Reticulocyte count, Bilirubin – total and direct, other labs based on history as needed

MANAGEMENT: depends on etiology – if likely due to dietary issue then correct deficiency, follow up on CBCs to confirm recovery, if no recovery then consider referral

CLINICAL PEARLS

• Diagnosis of FE deficient anemia

- Good dietary history:
 - Ask about daily milk intake
 - Ask about Fe containing food like red meat
- Ask about history of pica
- In older children (> 5 yo) – need to consider sources of GI losses – perform thorough GI systems review
- Baseline CBC with Reticulocyte count and Fe studies
- Lead is less important unless history of pica.
- MCV is almost always low and RDW is usually increased

• Treatment of FE deficiency anemia

- 4-6 mg/kg/day elemental iron divided BID
- Take with foods rich in Vitamin C

- Avoid taking with spinach, fiber rich foods, and coffee/tea
- Limit milk to 24 ounces a day

• Monitor response to treatment:

- Increased reticulocyte count should be seen in 5-10 days
- Hemoglobin should rise 1 mg/dl/week after 2 weeks
- Anemia should resolve by 6 weeks
- If no response reevaluate diet and compliance but consider referral
- Continue iron for 6 months to replete iron stores

Maine Medical
PARTNERS