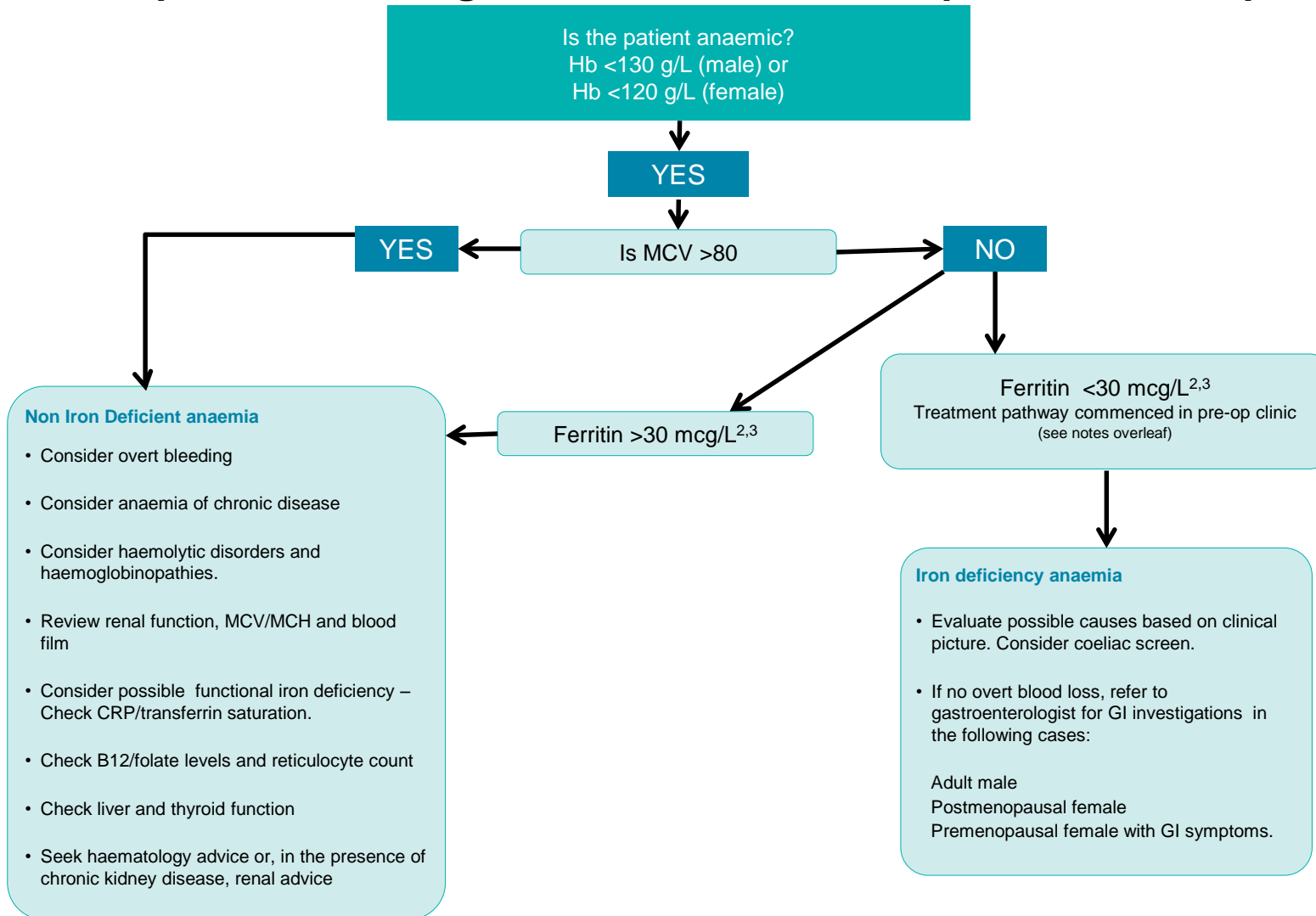
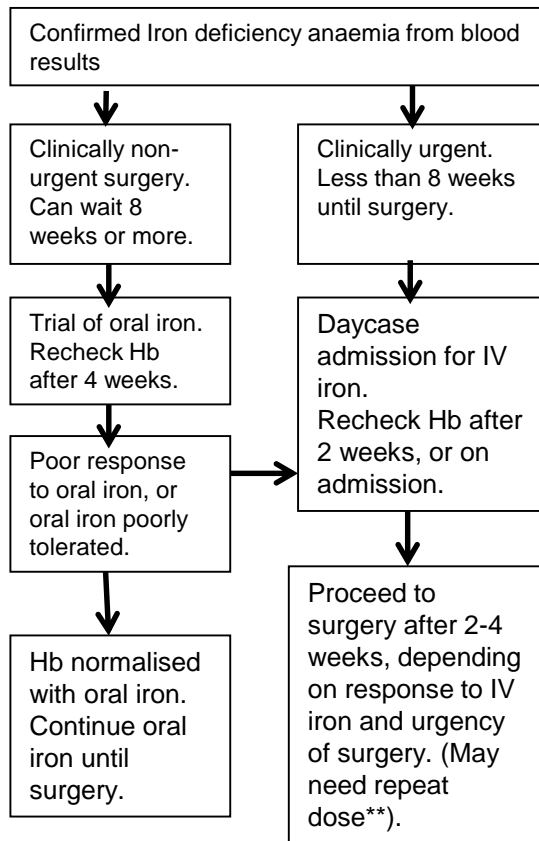


Preoperative haemoglobin assessment and optimisation template



Preoperative Anaemia Algorithm



*** If anaemia persists or if surgery is urgent, proceed on case by case basis following discussion with surgeon / anaesthetist.*

Advisory notes:

1. Anaemia may be multifactorial, especially in the elderly or in those with chronic disease, renal impairment, nutritional deficiencies or malabsorption.
2. In an anaemic adult, a ferritin level <15 mcg/L is diagnostic of iron deficiency, and levels between 15–30 mcg/L are highly suggestive. However, ferritin is elevated in inflammation, infection, liver disease and malignancy. This can result in misleadingly elevated ferritin levels in iron-deficient patients with coexisting systemic illness. In the elderly or in patients with inflammation, iron deficiency may still be present with ferritin values up to 60–100 mcg/L.
3. Patients without a clear physiological explanation for iron deficiency (especially men and postmenopausal women) should be evaluated by gastroscopy/colonoscopy to exclude a source of GI bleeding, particularly a malignant lesion. Coeliac screening should also be done.
4. CRP may be normal in the presence of chronic disease and inflammation.
5. Consider thalassaemia if MCH or MCV is low and not explained by iron deficiency, or if long standing. Check B12/folate if macrocytic or if there are risk factors for deficiency (e.g. decreased intake or absorption), or if anaemia is unexplained. Consider blood loss or haemolysis if reticulocyte count is increased. Seek haematology advice or, in presence of chronic kidney disease, nephrology advice

If you have any queries, please do not hesitate to contact the Stepping Hill Preoperative Assessment Team on:

0161 419 5684.

Disclaimer

The information herein, is intended to be used as a guide. Any algorithm should always take into account the patient's history and clinical assessment, and the nature of the proposed surgical procedure. Any clinical management plan is at the discretion of, and is the responsibility of, the individual clinician.

**Nursing
Times
Awards
2016
Winner**