



## Objectives: Anemia

1. Assess the risk of decompensation of anemic patients (e.g. volume status, the presence of congestive heart failure, angina or other disease states) to decide if prompt transfusion or volume replacement is necessary.
2. In a patient with anemia, classify the anemia as microcytic, normocytic or macrocytic using the mean corpuscular value or peripheral smear in order to direct further assessment and management.
3. In all patients with anemia, determine the iron status before initiating treatment.
4. In a patient with iron deficiency, investigate further to find the cause.
5. Consider anemia in patients with new or worsening symptoms of angina or congestive heart failure.
6. In patients with macrocytic anemia:
  - a. Consider the possibilities of Vitamin B12 deficiency, alcohol use and hypothyroidism.
7. In patients with anemia, ensure that other cell lines are evaluated to explore for cytopenia and if present, assess for bone marrow or destructive processes.
8. As part of well-baby care, consider anemia in high-risk populations (e.g. those living in poverty) or in high-risk patients (e.g. those who are pale, have a low-iron diet or poor weight gain).
9. When a patient has a mildly decreased hemoglobin, have a wide differential including menorrhagia, occult bleeding, chronic disease, hemoglobinopathies etc...
10. In anemic patients with menorrhagia, consider the need to look for other causes of anemia.

\*\* Mapped to the CFPC's 105 priority topics: #4-Anemia