

ANAEMIA – GP REFERRAL GUIDELINES

Introduction

Anaemia is defined as a haemoglobin of <13g/dl in an adult male or <11.5g/dl in an adult female. Treatment is determined by its cause - this will be identified through systematic clinical evaluation and supplementary investigation. The patient's symptoms and initial FBC findings (particularly mean corpuscular volume and blood film features) will influence both the urgency and direction of initial clinical investigation.

Iron deficiency should generally be referred to gastroenterology / gynaecology as appropriate for further investigation. Similarly, uncomplicated B12 / folate deficiency does not require routine referral to haematology.

The following should be referred urgently for outpatient assessment:

- Leucoerythroblastic anaemia (based on blood film report)
- Unexplained progressive *symptomatic* anaemia
- Anaemia in association with:
 - splenomegaly or lymphadenopathy
 - other cytopenias

*Patients with **suspected aplastic anaemia** (neutrophils < 0.5 x 10⁹/l, platelets < 50 x 10⁹/l) or **acute haemolytic anaemia** should be discussed with duty haematologist to arrange appropriate direct assessment*

Appropriate investigation in primary care for patients not meeting criteria for urgent referral:

- Careful history focussing on duration, symptoms, bleeding, diet, drug and family history
- Blood film examination and reticulocyte count
- Ferritin, B12 and folate
- Immunoglobulins and protein electrophoresis
- Monitor FBC for evidence of progression over time

Referral for specialist opinion should be considered for:

- Persistent unexplained anaemia
- Iron deficiency showing sub-optimal response to oral iron therapy
- B12 deficiency of uncertain cause requiring further investigation