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

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

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 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

SUGGESTED EMERGENT CONSULTATION

HIGH RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

LOW RISK

SUGGESTED ROUTINE CARE

SUGGESTED CONSULTATION OR CO-MANAGEMENT

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

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 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

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.