Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Diagnostic and Therapeutic Services
LABORATORY MEDICINE DIRECTORATE

Referral Guidelines for Anaemia

Anaemia is defined as a haemoglobin of <130 g/l in an adult male or <110 g/l 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.
Anaemia of chronic renal failure and chronic disease anaemia should be directed to the specialists concerned.

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
  Dysplastic features
  Paraproteinaemia

Patients with **suspected aplastic anaemia** (neutrophils <0.5 x 10^9/l, platelets <50 x 10^9/l) or **acute haemolytic anaemia** should be discussed with the 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
- Request a blood film examination and reticulocyte count with appropriate information and "ask a question – clarify anaemia please"
- Renal / liver / thyroid function
- Recent Ferritin, B12 and folate check
- Immunoglobulins and protein electrophoresis
- Monitor FBC for evidence of progression over time

Referral for specialist opinion should be considered for:

- Persistent unexplained anaemia