Treating & caring for hemodynamically stable patients with iron deficiency anemia

Definition:

Hemodynamically stable

Patient does not have:

- The need for active resuscitation to keep urine output above 0.5 ml/kg per min
- Systolic blood pressure lower than 90 mmHg
- Heart rate above 120 bpm.

Toward Optimized Practice Iron Deficiency Anemia Clinical Practice Guideline (2017)

Hemoglobin levels & appropriate treatments:

Choosing Wisely Canada™

| Clinical Setting/ Patient Status | Recommendation & Dose | |
|-------------------------------------|--|--|
| Hemoglobin < 6g/dL | A transfusion is likely appropriate.Transfuse 1 unit, reassess before 2nd. | |
| Hemoglobin < 7g/dL | Consider a transfusion.Transfuse 1 unit, reassess before 2nd. | |
| Hemoglobin < 8g/dL | Consider a transfusion for patients with a pre-existing cardiovascular disease or evidence of impaired tissue oxygenation. Transfuse 1 unit, reassess before 2nd. | |
| Hemoglobin 8 - 9 g/dL | It is likely inappropriate to transfuse unless there is evidence of impaired tissue oxygenation. | |
| Hemoglobin > 9g/dL | It is likely inappropriate to transfuse. If a transfusion is ordered, clearly document the indication in patient charts & discuss why with your patient. | |

"Why give two when one will do: A toolkit for reducing unnecessary red blood cell transfusions in hosptials." 2017. www.choosingwiselycanada.org

Relevant findings:

Transfusion strategies for acute upper gastrointestinal bleeding

Villanueva et al. (2013)

Treatment Strategy

Liheral

| | ricomonec | Liberai | | |
|-------------------------------|---|-----------|--|--|
| Hemoglobin Threshold Value | 7 g/dL | 9 g/dL | | |
| Post-Transfusion Target | 7-9 g/dL | 9-11 g/dL | | |
| Protocol | 1 unit of RBC transfused immediately 1 more if hemoglobin level is below threshold value. | | | |

Restrictive

below threshold value Restrictive (461) Results Liberal (460) 225 (51%) Did not receive a transfusion 61 (14%) 179 (40%) Rate of complications 214 (48%) Violated 39 (9%) transfusion 15 (3%) strategy 23 (5%) 45-day mortality rate 41 (9%) 1.5 ± 2.3 Average number of units transfused 37 + 38Length of stay The restrictive strategy had (LOS) a shorter LOS

Villanueva, Càndid, et al. "Transfusion strategies for acute upper gastrointestinal bleeding." New England Journal of Medicine 368.1 (2013): 11-21

Hemoglobin levels & appropriate treatments

Toward Optimized Practice

| | Hemoglobin level | Oral Iron | IV Iron | RBC Transfusion |
|--------------|--------------------------------|--------------|--------------|--|
| Asymptomatic | < 6g/dL 6 - 9g/dL >9g/dL | / / | ✓ ★ ★ | Maybe 1 unit X X |
| Symptomatic | < 7g/dL 7 - 10g/dL | / | / | 1 unit at a time Reasses in-between Maybe 1 unit |

[★] Only required for patients who fail oral iron due to

tolerance or lack of efficacy

Choosing Wisely questions to ask your patients

Four questions to discuss with your patients

Do they really need this test, treatment or procedure?

What are the downsides?

Are there simpler, safer options?

What happens if they do nothing?



