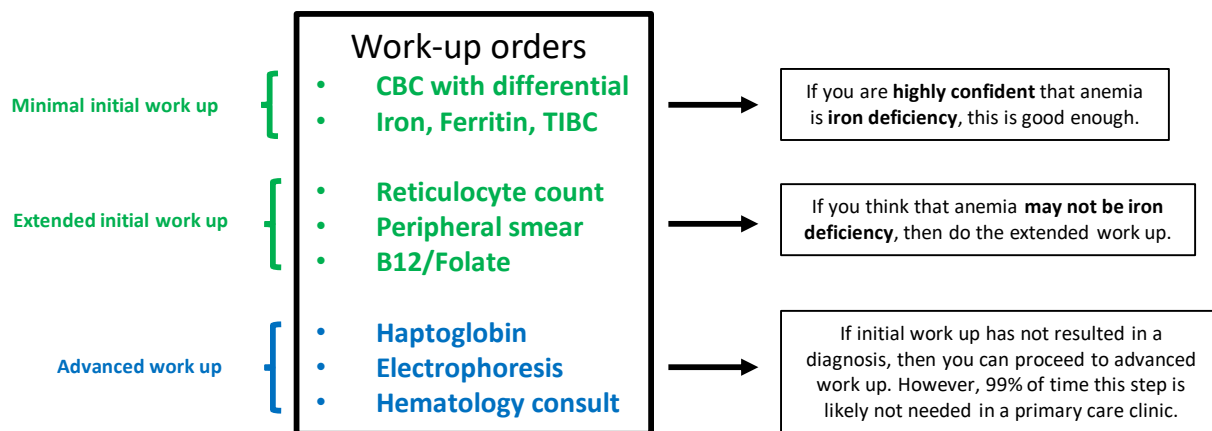


Anemia

Anemia work up can be confusing. Below is a simplified, practical, and thorough approach that is value-based. It should also avoid premature GI and hematology referrals.



Initial Work-Up

- Regardless of the MCV, iron deficiency should always be ruled out simply because of its high prevalence in USA.
- B12/folate deficiency should also be checked if patient is at risk (elderly, poor diet, GI surgery) because this is also easily reversible condition.
- Reticulocyte count can be surprisingly helpful
 - High reticulocyte count with normal iron studies, b12, folate → suspect hemolysis
- Peripheral smear can confirm iron deficiency & hemolysis. It can also aid in other more rare conditions.

Advanced Work-Up

- If suspecting hemolysis → confirm with haptoglobin
- If suspecting hemoglobinopathy (thalassemia, sickle cell) → confirm with electrophoresis
- If confused or suspecting bone marrow disorder → Hematology consult