**ASYMPTOMATIC NEW IRON DEFICIENCY ANAEMIA (<12mths)**

**DIRECT TO TEST REFERRAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of decision to refer: |  | Date referral received at Trust: |  |

|  |  |
| --- | --- |
| Patient Details | Surname: First Name: Title: |
| Gender: DOB: / / NHS Number: |
| Ethnicity: Language: |
| Interpreter required: Transport required: |
| Patient Address:  Postcode: |
| Contact numbers:  Home: Mobile: Email: |
| Practice Details | Registered GP Name: |
| Practice Name : |
| Direct line to the practice (Bypass) : |
| Main: Fax: Email: |
| Referring Clinician: |

|  |
| --- |
| **REFERRAL INFORMATION**   * If patient has blood loss or symptoms of gastro-intestinal disease please investigate as appropriate to their presentation (this pathway is not appropriate) * Please take blood for ferritin or iron studies **before** starting on oral iron. * Iron deficiency anaemia is confirmed if **both** Hb <120 (female); Hb <130 (male) **and** low ferritin **or** low transferrin saturation   ***If patient does not fulfil the above criteria for iron deficiency anaemia, consider haematology referral instead*** |

**CLINICAL INFORMATION**

|  |
| --- |
| Weight: \_\_\_\_\_ (Kg) BMI: \_\_\_\_\_  ☐Previous endoscopic Investigation: ☐ (If yes, please provide date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐Myocardial infarction within the last 6 weeks  ☐Unstable Angina  ☐CVA within the last 6 weeks  ☐Uncontrolled cardiac failure  ☐Previous melanoma  ☐Diabetic on Insulin  ☐Diabetic on oral medication  ☐Unstable diabetic control  ☐Venous thromboembolism  ☐Respiratory impairment limiting activity  ☐Previous / current history of cancer  ☐Previous bariatric surgery  **If yes to any of the above, the patient may require further assessment before investigation.**  **Could your patient be pregnant? Yes/ No Is patient a menstruating female? Yes / No**  If yes, investigation is **not** recommended **unless** (please tick appropriate box)  ☐ Upper or lower GI tract symptoms are present  ☐the anaemia is refractory to oral iron therapy  ☐Family History of colorectal cancer in 1st degree relative <45yrs or 2 affected 1st degree relatives  ☐Family History of Lynch syndrome  ☐age ≥50 yrs  ☐Hb<90  ☐FIT positive (*Where available FIT is useful in investigating pre-menopausal women with IDA to exclude a lower GI cause of anaemia –NB it does not exclude upper GI pathology)* |

**Blood results (ESSENTIAL)**

|  |
| --- |
| Please ensure the following are available prior to clinic date (U&Es must be within 3 months):  **Hb:\_\_\_ MCV: \_\_\_ Ferritin: \_\_\_ TTG ­­­\_\_\_ IgA \_\_\_ Na \_\_\_ K\_\_\_ GFR \_\_\_ CKD status\_\_\_**  **Bili:\_\_\_ ALP: \_\_\_ ALT: \_\_\_ Alb: \_\_\_ Urinalysis microscopic haematuria:** positive ☐ negative ☐  If ferritin normal & suspicion of IDA (Ferritin unreliable in inflammatory conditions) then check: Transferrin saturation  **% TIBC: \_\_\_ or UIBC: \_\_\_** |

|  |  |
| --- | --- |
| *As the requesting physician you:* ***(see below for guidance)*** | |
| ☐ | Feel the patient is suitable for colonoscopy, including the use of bowel prep if deemed appropriate  by the secondary care team |
| ☐ | Are satisfied the patient will understand the instructions for the bowel prep? |

|  |  |
| --- | --- |
| ☐ | **The patient is aware that this is a 2 week pathway and the aim is to exclude cancer** |
| ☐ | Is aware to expect a telephone assessment or appointment within the next few days with hospital tests within 2 weeks |
| ☐ | Is willing to undergo endoscopic investigation |

|  |  |
| --- | --- |
| ☐ | Patient has cognitive impairment that may affect their mental capacity for consent.  If yes, please confirm date best interests meeting completed: \_\_/\_\_/\_\_\_\_ |
| ☐ | Patient has significant mobility impairment – please tick if hoist is required |
| ☐ | Patient has significant sensory impairment (specify): |
| ☐ | Patient will require an interpreter (specify): |

|  |  |  |
| --- | --- | --- |
| Clinical Information | **WHO Performance Status (please tick)** | |
| **0**☐  **1**☐  **2**☐  **3**☐  **4**☐ | Fully active  Restricted in physically strenuous activity but ambulatory and able to carry out light work  Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours  Capable of only limited self-care, confined to bed/chair 50% of waking hours  No self-care, confined to bed/chair 100% |
| **Details of other significant medical history:** | |
| **Anticoagulation and / or antiplatelet** **medication** – please state indication, medication taken and latest INR if applicable:  **List or attach regular medication:**  *Please consider prescribing oral iron replacement (to start after endoscopic investigation)* | |

**Incomplete forms or those which do not confirm iron deficiency anaemia will be returned to referrer.**

*The patient will be sent an appointment for an OGD & colonoscopy/telephone assessment ≤2 weeks.*

*A face to face appointment may be offered if secondary care deem appropriate.*

*Please provide* ***best telephone number*** *that can be used to contact the patient within the next few days.*

**Guidance for assessing safety for bowel prep & colonoscopy**

Bowel preparation for patients either Picolax (safe in CKD 1-3, eGFR>60) or Klean prep & Moviprep (safe in CKD 4-5, eGFR<60)

**Contraindications to bowel prep**

-Moviprep: G6PD deficiency, citrus allergy, dysphagia

-Picolax: dysphagia, ascites, congestive heart failure, CKD with eGFR <30

-Klean prep: dysphagia, caution in congestive heart failure

**Relative** **(seek advice)**

Significant splenomegaly or aortic/ iliac aneurysm (>5cm), PE, cardio-resp disease, impaired mobility, bleeding disorder

**Risks**

Perforation – diagnostic colonoscopy (1 in 1000)

Bleeding (1 in 500), missed pathology, adverse reaction to sedation, incomplete procedure (1 in 10)

**Haematuria (NICE 2015)**

Refer people using a suspected cancer pathway referral for bladder cancer if they are aged 45 and over and have:

* unexplained visible haematuria *without* urinary tract infection or
* visible haematuria that *persists or recurs* after successful treatment of urinary tract infection, or
* aged 60 and over and have unexplained non visible haematuria and either dysuria or a raised white cell count on a blood test.

**Patient information:**

“Having a colonoscopy”

<https://www.nhs.uk/conditions/bowel-cancer-screening/Documents/Having-a-colonoscopy.pdf>

**Notes on the iron deficiency anaemia virtual clinic:**

The principal aims of this clinic are:

* To rapidly and appropriately investigate iron deficiency anaemia (IDA)
* Promote clinical assessment by the referring clinician
* Only investigate true IDA confirmed on iron studies and reject non iron deficiency anaemia
* Exclude coeliac disease (please check TTG & IgA at the time of referral)
* Avoid unnecessary investigation and minimise the investigative process
* Those who are unfit for, or at risk from, invasive sedated investigations will undergo telephone pre-assessment or be reviewed in outpatients and alternative investigation considered (eg. CT abdo/pelvis)