

PRACTICAL PEARLS: IRON DEFICIENCY ANEMIA

INTRODUCTION	<ul style="list-style-type: none"> • Screening of asymptomatic children (6-24 mo) without risk factors is not recommended. • Risk factors: h/o prematurity, exclusive breastfeeding, low SES, recent immigration to US, cow's milk intake >16-24oz per day. • Excessive milk consumption in toddlers and menstrual losses in girls are common causes; in boys and premenarchal girls, IDA suggests GI bleeding until proven otherwise http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/tags/american-academy-pediatrics/iron-deficiency-anemia-toddlers-tee
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none"> • Confirm anemia with CBC + retic: Interpret with age-specific norms. • For microcytic, hypochromic anemia: 3-5 mg/kg/day <i>elemental</i> Fe, divided BID; consider a stool softener; Hb should markedly improve, even <i>normalize</i>, within 30 days. • Continue iron for at least 3 months after Hb normalizes to replete storage levels. • If inadequate response to therapy, send serum ferritin, iron, and TIBC. Investigate compliance. <p><i>For toddlers/young children:</i></p> <ul style="list-style-type: none"> • Excessive milk intake MUST be addressed. • Give iron suspension with citrus juice through a straw to maximize absorption and minimize tooth staining. • If anemia responds, sending iron studies is not necessary. <p><i>For older children/adolescents:</i></p> <ul style="list-style-type: none"> • Menstrual losses should be assessed. • Consider stool guaiac at diagnosis. • Maximum Fe dose: 65mg elemental iron twice daily (325mg FeSO₄ tab). • Resistant IDA may need GI evaluation
WHEN TO REFER	<ul style="list-style-type: none"> • If Hb does not improve with dietary and medication compliance. • If transfusion is needed. • If menorrhagia raises concern for a bleeding disorder.
HOW TO REFER	<ul style="list-style-type: none"> • (413) 794-KIDS • (413) 794-9338 (Pediatric Hematology at Baystate Regional Cancer Program)
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none"> • Investigation for hemoglobinopathy and other causes of anemia. • Treatment and counseling

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