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| **GP MANAGEMENT PLAN. 721 (Iron Deficiency Anaemia / Pernicious Anaemia)** |
| **Patient problems / needs** | **Goals - changes to be achieved** | **Required treatments and services**  | **Arrangements for treatments/services**  |
| **1. General** |  |  |  |
| **Patient's understanding of their condition:** | Patient to have a clear understanding of their condition and patient's role in management. | Patient education  | GP / Nurse Specialist |
| [Iron deficiency anaemia is a common type of anaemia — a condition in which blood lacks adequate healthy red blood cells. Red blood cells carry oxygen to the body's tissues.](https://www.healthline.com/symptom/anemia)[As the name implies, iron deficiency anaemia is due to insufficient iron. Without enough iron, your body can't produce enough of a substance in red blood cells that enables them to carry oxygen (haemoglobin). As a result, iron deficiency anaemia may leave you tired and short of breath.](https://www.healthline.com/symptom/anemia)Pernicious anaemia is one of the vitamin B-12 deficiency anaemias. It’s caused by an inability to absorb the vitamin B-12 needed for your body to make enough healthy red blood cells. |
| Iron Deficiency Anaemia | Prevent complications associated with Iron Deficiency Anaemia | Reviews with GP and nurse every 3 months for monitoring, management and health interventions | GPNurseSpecialist |
| Pernicious Anaemia | Prevent complications associated with Pernicious Anaemia | Reviews with GP and nurse every 3 months for monitoring, management and health interventions | GPNursePatient |
| **2. Symptom Management** |  |  |  |
| The progression of pernicious anaemia is slow. It may be difficult to recognize the symptoms because you may have become used to not feeling well. Commonly overlooked symptoms include: |
| **Weakness** (IDA/Pernicious) | Prevent weakness and muscle atrophy | Monitor energy levels and perform regular physical exercises | GPPatientExercise Physiologist |
| **Headaches** (IDA/Pernicious) | Prevent regular headaches | Ensure adequate fluid intake and take analgesic as needed and prescribed | GPPatientPharmacist |
| **Chest pain** (IDA/Pernicious) | Prevent chest pain | Consult with GP if chest pain occurs | GPPatient |
| **Weight loss**(IDA/Pernicious) | Prevent weight loss and associated complications | Monitor weight weekly, consult with GP if unintentional weight loss occurs and continues more than 5kgs | GPPatientDietician |
| **Confusion** (IDA/Pernicious) | Prevent confusion and accident related injuries or disturbances to quality of life and daily activities | Consult with GP if any concerns with cognition, confusion or memory concerns | GPPatient |
| **Depression** (IDA/Pernicious) | Prevent depression and mental health complications | Maintain social activities where possible and keep life routines as regular as possible to prevent risks of unhappiness  | GPPatientPsychologist |
| **Nausea and vomiting**(pernicious) | Prevent or manage nausea and/or vomiting decreasing quality of life | Avoid trigger foodsAttend regular dental reviewTake antinausea medication as prescribed | GPPatientDieticianPharmacist  |
| **Constipation** (pernicious) | Prevent or reduce constipation contributing to bloating and pain  | Avoid trigger foods, increase fibre and fluid intakeTake aperients/laxatives as prescribed | GPPatientDieticianPharmacist  |
| **Loss of appetite**(pernicious) | Prevent nutrition deficiencies and constipation | Monitor nutrition and fluid intake, bowel function and weight | GPPatientDietician |
| **Heartburn** (pernicious) | Prevent or manage heartburn contributing to reflux or vomiting | Avoid trigger foodsTake anti-reflux medication as prescribed | GPPatientDieticianPharmacist  |
| **2. Lifestyle** |  |  |  |
| **Nutrition:** | Maintain a healthy diet rich in Iron/B12 including; red meat, poultry, shellfish, eggs, dairy products, fortified soy, nuts and rice milks and natural supplements | Patient education.Consider Dietician involvement. | Patient to implementGP to monitor  |
| Height:Weight:BMI: | Ideal: BMI ≤ 25 kg/m2 | MonitorReview 6 monthly | Patient to monitorGP to review |
| **3. Biomedical** |  |  |  |
| Blood pressure:P: | Ideal < 130/80 mm Hg  | Check every 6 months | GP / Nurse |
| **Date of blood tests:**HB: Iron umol/LTransferrin g/LTransferrin. S %Ferritin ug/L | **Ideal Range:**HB: 119-160g/LIron 10-27 umol/L Transferrin 2.00-3.60 g/L Transferrin. S 16-60% Ferritin 30-220 ug/L | Blood tests performed 6-12 monthly or as per GP/Specialist. | GP and Practice Nurse to monitor. |
| **Date of blood tests:**HB: 123g/LB12: 148Folate: 23.8 | **Ideal Range:**HB: 119-160g/LB12: 130-855pmol/LFolate: >6.0nmol/L | Blood tests performed 6-12 monthly or as per GP/Specialist. | GP and Practice Nurse to monitor. |
| **4. Medication** |  |  |  |
| **Medication review:**Oral iron supplementsIron infusions | Achieve adequate Ferritin stores with the use of Ferinject infusion and blood results in normal range or oral supplements as needed | Perform Ferinject infusion, follow up blood test in 6 weeksOngoing oral iron supplementation | GPNursePharmacist |
| **Medication review:**Oral B12 supplementsB12 injections | Use of B12 injections to achieve normal range, oral supplements as needed | B12 injections as scheduled by GPOngoing oral B12 supplementation | GP Patient |