INDICATIONS FOR GI ENDOSCOPY:
- Adult males
- Post-menopausal females
- Unexplained weight loss
- Family history of GI cancer
- Any associated GI symptoms such as: Dysphagia, Odynophagia, Dyspepsia, Abdominal pain, Melena, Hematochezia, Tenesmus, Altered bowel habit.

IRON REPLACEMENT:
- a) Control Blood Loss; b) Warn patients of GI side effects and start slow; c) Ferrous sulfate, gluconate, or fumarate or iron polysaccharide in doses that provide 150-200mg of elemental iron per day (e.g. ferrous sulfate 300mg TID)

Microcytosis (MCV <80fL)

Check Ferritin

Ferritin >100ug/L
- Iron deficiency ruled out

Ferritin Low <20ug/L
- Iron Deficiency
  - Review indications for GI endoscopy (box at top)

Ferritin 20-100ug/L
- Referral to CCMB Hematology
  - IF: Thalassemia or Hemoglobinopathy (provided appropriate ethnicity)
  - Careful history and physician exam!

No indications for GI endoscopy identified
- AND Menstruating Female
  - Manage Bleeding (e.g. oral contraceptive, progesterone-eluting IUD, or tranexamic acid; Gyne referral if needed)
  - Replace Iron (see box at top)
  - Treat until Hb is Normal and Ferritin is >30ug/L

Indications for GI endoscopy identified
- Refer to GI Endoscopy
- Manage bleeding
- Replace Iron

Refer to Gastroenterologist
- IF iron deficiency is recurrent or fails to correct with iron supplementation

IF hemolysis screen is positive
- Re-refer to Gastroenterologist
- IF Endoscopy negative (more urgent if anemia is recurrent or doesn’t correct with iron)

Consider Referral to CCMB Hematology or a supervised trial of iron if iron status cannot be clarified due to the presence of inflammation

February 3, 2015: Hematology DSG FINAL (Kristjanson)