



National Patient Blood Management Collaborative Snapshot for

CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE

- 35.2% male and 64.8% female
- 0.6% aged under 0-19 years; 49.1% aged 20-64 years and 50.3% aged over 65 years
- 86% non-Indigenous Australians and 14% Aboriginal and Torres Strait Islander people

Table 1: Percentage of patients assessed, confirmed and managed for anaemia and iron deficiency, May 2015 to March 2017

Age Range	Gender	ASSESSED		% of assessed who were CONFIRMED		% of confirmed who were MANAGED	
		% with anaemia	% with iron deficiency	% with anaemia	% with iron deficiency	% with anaemia	% with iron deficiency
0-19	Female	0.2%	0.0%	1.0%	0.0%	0.0%	0.0%
0-19	Male	0.4%	0.3%	0.0%	0.0%	0.0%	0.0%
20-64	Female	36.0%	35.3%	24.0%	28.1%	45.8%	40.9%
20-64	Male	13.3%	14.0%	13.5%	17.2%	4.2%	9.1%
65+	Female	28.7%	25.9%	37.5%	28.1%	33.3%	31.8%
65+	Male	21.3%	24.5%	24.0%	26.6%	16.7%	18.2%

KEY ACHIEVEMENTS

FIT FOR SURGERY FIT FOR LIFE

IRON DEFICIENCY: THE FACTS

About 1 in 10 people in Australia have low iron levels also called iron deficiency.

3 in 10 people having elective surgery take low iron or anaemia - this puts you at a much higher risk of transfusion.

CAUSES OF ANAEMIA

- Chronic disease
- Blood loss
- Dietary deficiency (iron, B12)
- Gastrointestinal problems

WHY IS IRON IMPORTANT?

You need iron to make haemoglobin. Haemoglobin carries oxygen from your lungs to your body.

If left untreated, low iron levels and anaemia can:

- delay your surgery,
- increase your chance of needing a blood transfusion,
- increase your chance of complications,
- slow down your recovery after surgery.

Having anaemia before you go in for surgery puts you at a higher risk of needing a blood transfusion.

Blood is a precious commodity and should not be used lightly. A blood transfusion is an expensive treatment and comes with inherent risks.

ACTION

Your blood tests show that you have iron deficiency and you have already received an infusion. You will receive a letter for your GP to alert them about this issue.

Managing my iron

Iron is needed to make haemoglobin which red blood cells need to move oxygen around your body. Iron is also needed to make myoglobin which helps your muscles store oxygen.

Nutrition

Although dietary uptake of iron may not benefit you in the short term (ie. prior to your elective surgery), it is important to be aware of what types of iron foods contain.

There are two types of iron in foods, haem iron and non-haem iron. Haem iron is more easily absorbed than non-haem iron, however both types can be used by the body.

Try to keep up a good intake of iron-rich foods including, for example:

- haem iron-containing foods** well absorbed by body
 - lean red meat, offal
 - chicken, fish
- non-haem iron-containing foods** less readily absorbed
 - leafy green vegetables, wholemeal bread
 - iron-fortified breakfast cereals
 - legumes, eggs

Eating haem iron-rich foods will increase absorption of non-haem iron.

- Include vitamin C-rich foods, such as citrus fruit in your diet, as it will help your body absorb iron.

Oral iron therapy

There are so many iron supplements available. Speak with your doctor about which one is best for you.

Below: Letter to Patient

Letter to Patient

Dear Patient,

Following your pre-surgery assessment, blood test results indicated that you have iron deficiency. To treat this condition, you received an iron infusion today at the hospital. It is important that this condition is followed up with your GP.

Please make an appointment with your GP and inform them that you were identified as having iron deficiency and received an iron infusion at the hospital.

Yours sincerely,

Keiko Bowles
Transfusion Clinical Nurse Consultant
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Cairns and Hinterland Hospital and Health Service / 2017

Below: Letter to GP

Letter to GP

Dear Doctor,

Pre-operative Anaemia and Iron Deficiency Management

Following pre-surgery assessment, [Patient Name] has been identified as having iron deficiency. We have treated the iron deficiency with an intravenous iron infusion pre-operatively to optimise the patient's iron stores to reduce the risk of requiring a blood transfusion during or after the procedure, and thus enhance recovery.

We have asked [Patient Name] to make an appointment with you, to further discuss their anaemia and continue management.

Haematology result:

Hb: [Value]
Ferritin: [Value]
Transferrin Saturation: [Value]

Iron treatment:

Oral: [Value]
IV Infusion - Ferrugol (Ferric Carboxymaltose) 1g

Yours sincerely,

Keiko Bowles
Transfusion Clinical Nurse Consultant
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Cairns and Hinterland Hospital and Health Service / 2017

Above: Fit for Surgery Patient Information

Updated Pre-admission Screening Form

Iron studies included

Nursing use only:

Patients >60 yrs old (do not need referral to the anaesthetic clinic unless they meet criteria above).

Patients having bowel surgery, hysterectomy, THR, TKR, major back surgery, TURP, major vascular surgery irrespective of disease.

ECG
 FBC, U&E
 FBC, U&E
 Iron Studies

Left: Updated Pre-admission Screening Form

