

Persistent anaemia (>2 occasions) without active bleeding

• Order;  
◦ Reticulocytes  
◦ DAT  
◦ Blood film  
◦ LDH

• Haemolysis suspected?

BOX 1  
• Underproduction suspected? Order;  
◦ B12 + folate  
◦ Transferrin sats + ferritin  
◦ TSH  
◦ Creatinine  
◦ ESR + CRP  
◦ Serum free light chains (if indicated)  
◦ Serum electrophoresis (if indicated)

Low MCV?

Low TSH?

Low B12/folate?

High creatinine?

Pancytopenia or blast cells?

Positive serum electrophoresis?

High CRP/ESR?

GP review

GP review +/-  
Kinesis  
guidelines (link 1)

Renal referral

Haematology referral (urgent)

Haematology referral (urgent) +/-  
Kinesis  
guidelines (link 3)

Consider rheumatology referral

Haematology referral (urgent)

• Transferrin sat: decreased  
• Ferritin: decreased

• Transferrin sat: decreased  
• Ferritin: increased

Likely iron deficiency.  
Gynae/colorectal referral +/-  
Kinesis guidelines (link 2)

Possible anaemia of chronic disease. Refer to appropriate speciality

If the investigations in 'BOX 1' are not indicative of the underlying cause, consider haematology referral if Hb <100g/L

• Link 1: <https://www.mtw.nhs.uk/wp-content/uploads/2020/09/MTW-protocol-for-investigations-for-B12-deficiency.pdf>  
• Link 2: <https://www.mtw.nhs.uk/wp-content/uploads/2015/09/Algorithm-for-Managing-Iron-deficiency-Anaemia.pdf>  
• Link 3: <https://www.mtw.nhs.uk/wp-content/uploads/2017/12/Guidelines-for-Managing-Patients-with-Paraprotein-in-Primary-Care.pdf>