

# Anaemia Pathway

**Cognitive** – if unable to consent, must attend clinic with next of kin to act as advocate.

**Rockwood Clinical Frailty Scale**  $\geq 6$  consider appropriate referral to elderly care. See attachment

Anaemia

Type of Anaemia  
Check Haematinics  
(Iron stores, B12, Folate)

+ve

Independent  
• No Cognitive impairment  
• Rockwood frailty score of  $<6$

-ve

Fit for endoscopies

Non Iron Deficient

Iron deficient

Postmenopausal women + any Men

Gastro referral

B12 Deficiency

Folate Deficiency

Check Antigastric Parietal & Intrinsic factor Antibodies  
(in ICE search for "pernicious anaemia")

Check Coeliac Serology + IgA levels

+ve

-ve

Other

If frail and cannot come to clinic then refer to Community geriatricians  
  
Or  
Referral to hospital elderly care services. However  
If cognitive impairment and unable to consent must attend with next of kin

Premenopausal women  
Check Coeliac Serology  
Nutrition review (ie Vegan)  
Menstrual History

No risk factors for iron deficiency

Gastro Referral

Positive risk factors then treat and see

+ve

Gastro referral

-ve

Nutritional assessment  
Replace with folic acid and see

Consider Chronic Illness

Check Renal function  
Myeloma Screen  
TFTS

Treat cause + refer appropriately

+ve

Treat with B12

-ve

+ve GI Symptoms

Gastro referral

No GI Symptoms

Treat with B12 and watch

## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

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**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

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**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.

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**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.

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**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

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**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

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**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

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**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.