

Pathway:	Upper GI Topic – Iron Deficiency Anaemia (IDA)
Referral Criteria/Commissioning position:	
<p><i>Referral to secondary care if:</i></p> <ul style="list-style-type: none"> • anaemia is IDA (refer to gastroenterology) <p>The likelihood of cause being found increases with age and severity of anaemia. Consider this when deciding on routine, urgent or 2 week wait referral.</p> <ul style="list-style-type: none"> • For patients with normal Hb but low ferritin, check coeliac screen and refer if >50 yrs old <p><i>Urgent (2 week wait) referral for:</i></p> <ul style="list-style-type: none"> • Upper GI cancer <ul style="list-style-type: none"> ○ Dysphagia ○ Unintentional weight loss ○ Persistent vomiting ○ Epigastric mass ○ Age > 55 with unexplained and persistent recent onset dyspepsia • Lower GI cancer <ul style="list-style-type: none"> ○ Definite palpable right sided abdominal mass probably involving large bowel ○ Definite intraluminal (not pelvic) rectal mass. ○ Unexplained iron deficiency (levels as per the current guidelines) <p>Investigations prior to referral (do not delay 2 week referral for these)</p> <ul style="list-style-type: none"> • FBC, U&E, LFTs, ferritin, coeliac screen, urine analysis, CRP 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • History, treatments and interventions tried in primary care including the results • Relevant past medical/surgical history • Drug history (prescribed and non-prescribed) • Current regular medication • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<ol style="list-style-type: none"> 1. Clinical knowledge summaries (2009) Anaemia 2. British Society of gastroenterology (BDG 2005). Guidelines for the management of iron deficiency. London 2005 <p>For the full SRCCG commissioning policy please click here</p>	
CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017