

Section 8

Iron Deficiency Anemia Plan

LABORATORY ASSESSMENT FOR ANEMIA (See COPA Section VII-Nutrition Assessment)

Chicago Department of Family and Support Services Children Services Division

Head Start Iron Deficiency Anemia Staff Guidelines (0-5)

Revised 3/12/11

Definition: IRON DEFICIENCY is the most common nutrition deficiency in the United States. Iron is part of the hemoglobin in the blood. Hemoglobin gives the blood its red color and carries oxygen to all parts of the body. Iron deficiency anemia is when the concentration of hemoglobin is abnormally low.

Risk Factors: Screenings to include along with assessment of risk factors associated with Iron Deficiency.

- History of prematurity or low birth weight
- Exposure to lead
- Exclusive breastfeeding beyond 4 months of age without supplemental iron
- Weaning to whole milk complementary foods that do not include iron fortified cereals or foods naturally rich in iron
- Early introduction of cow's milk before 4 months of age
- Greater than 24oz of cow's milk in one day
- Feeding problems
- Poor growth
- Inadequate nutrition

Screening: Head Start children 6 month of age and older need an annual blood test to check for anemia. A child is considered to have anemia and needs further follow-up if the test results are:

Hemoglobin (Hgb) = <11.0g/dL and/or Hematocrit (Hct) = <33%

Concerns: Anemia can result in growth and developmental delays, behavior disturbances, and other signs and symptoms that include feeling tired, weak, having pale skin, headache, irritability, short attention span, frequent colds and decreased appetite. Often iron deficiency anemia is not detected until a blood test is completed.

Follow-up Instructions: Attached are, “Iron Deficiency Anemia Follow-up Guidelines”. This form will help staff develop appropriate follow-up directions for a child with a low hemoglobin and Hematocrit as evidenced by blood screening. This form should be placed in the child’s health record file. For each action taken, date and place your initials next to each date on the staff guideline form. Any problems, concerns, or additional information should be documented in the Child’s COPA Case Notes. Write your initials and signature at the bottom of the form.

Iron Deficiency Anemia Staff Follow-up Guidelines

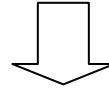
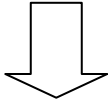
Child's Name _____ DOB: _____

Hgb/Hct: _____ Date Drawn: _____

Discuss concerns about anemia with parent or guardian and give them the letter for parent/guardian. Date: _____

Is this child currently being treated for anemia?

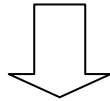
Yes or No



YES, treatment has started. Ask for details of the treatment plan. When is next blood test? _____

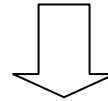
Is the child taking iron?

Yes or No



NO, treatment started. Give parents the letter for the provider and/or send letter directly to provider.

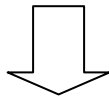
Date: _____



Give family nutrition handouts and discuss food high in iron & Vitamin C.

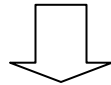
Date Given: _____

Refer to WIC Program. Date referred: _____



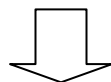
Follow-up with family within 40 to 60 days.

Date to follow-up: _____



At follow-up ASK the following:

- What are the result of the repeat blood test Hgb/HCT: _____ Date: _____
- Is the child taking iron? Yes or No
- Contact the Health Care Provider as needed to assist the family with a treatment plan.



Initial: _____ Signature: _____

**PLACE THIS FORM IN THE CHILD'S HEALTH FILE.
DOCUMENT ALL COMMUNICATION IN THE CHILD'S COPA CASE NOTES**

Agency Letterhead

INSTRUCTIONS: PARENT LETTER

Staff; Please give this letter to the parent

Date: _____

Dear Parent/ Guardian of _____ DOB: _____
(Child's Name)

Re: Low Hemoglobin blood test result

Your child's most recent physical examination included a blood test that indicated your child's hemoglobin is low. Low hemoglobin, also known as anemia, is usually caused by an iron deficiency, which can easily be treated. Iron deficiency anemia can cause delayed growth and development, behavior disturbances, weaknesses, fatigue, headaches, frequent colds and infection, and other signs and symptoms. Sometimes the only sign is a low hemoglobin blood test.

It is important for your child to be seen by their health care provider. Your child's Health Care Provider will develop a treatment plan that usually includes giving iron supplement, nutrition education, or repeat blood test as ordered by the Health Care Provider.

You can improve the anemia by serving foods that are high in iron and high in Vitamin C. Talk to the staff at your Head Start/ Child Care Program for a list of iron rich specific foods. Women, Infant and Children (WIC) staff can provide you with additional nutrition information.

Keep your Head Start/ Child Care program informed of your child's treatment plan and blood test results. If you have questions, contact your child's health care provider or your Head Start/ Child Care program staff.

Sincerely,

Staff Name: _____

Site: _____

Address: _____

Telephone: _____ Fax: _____

***Note:** Prevent Accidental Poisoning: Iron supplements and vitamins should be kept out of the reach of children. Iron supplement and vitamins are only to be given to your child by an adult.

Agency Letterhead

INSTRUCTIONS: HEALTH CARE PROVIDER LETTER;

Staff: Please give this letter to the parent to give to the health care provider or send to the provider directly.

Date: _____

Date of screening: _____

Results: Hgb: _____ Hct: _____

DOB: _____

Dear Provider of: _____

(Child's Name)

Re: Low hemoglobin/ hematocrit blood test results

The most recent physical examination on this child indicated a hemoglobin/ hematocrit that is less than the fifth percentile of the distribution of hemoglobin concentration or hematocrit value in a healthy reference population based on age and sex, as reported by the "Recommendations to Prevent and Control Iron Deficiency in the United States: U.S. Department of Health and Human Services (Supplement to MMWR, April 3, 1998, Vol. 47, No. RR-3). Reference for children ages 0-3 reported by the "Clinical Report - Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)." *Pediatrics* 126.5 (2010): 1040.

As defined by the MMWR (1998) publication, the maximum value of anemia in children two years of age through five years of age is a hemoglobin ≤ 11.0 g/dL and/or hemoglobin 33%. The MMWR recommends that if a repeat test is less than the maximum values and the child is not ill, a presumptive diagnosis of iron deficiency anemia can be made and treatment begun.

The recommended treatment and follow-up include iron supplementation, nutrition counseling, and repeat Hgb/Hct screen one month after treatment, three months and six months later. If after one month of treatment, the Hgb concentration has not improved by greater than or equal to 1g/dL or the Hct has not increased greater than or equal to 3%, despite compliance with supplementation and absence of acute illness, then further evaluation of the anemia is needed.

Head Start has sent your patient's parent or guardian a letter stating that their child's hemoglobin is low and they need to contact you for further follow-up and treatment. If you have questions, please refer to the MMWR supplement of contact your patient's Head Start site.

Sincerely,

Staff Name: _____

Site: _____

Address: _____

Telephone: _____ Fax: _____