

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)

Reviewed by Dominican University: May, 2015

Definition: Iron is a mineral that the human body uses in a variety of ways. Notably, iron is an integral part of blood. It is used by protein in the blood, hemoglobin, to transport oxygen and gives blood its red color.

Iron deficiency is one of the most common nutrition deficiencies in the United States and the world. Over two billion people worldwide are considered anemic. Iron deficiency is one of several types of anemias which occurs when there is not enough iron in the blood.

Infants, children and adults can all become deficient. Infants and young children whom are deficient may experience delays in development. Women who are pregnant and deficient in iron are at risk for delivering their babies prematurely. Iron deficiency can also lead to fatigue.

Infants and children are growing rapidly and in turn require more iron than older children and adults. Women are at a greater risk for developing iron deficiency due to monthly blood loss during menses. Infants, children and women may become iron deficient by not meeting the increased needs.

Iron intake comes from foods or supplements. Different foods and diets make iron easier or more difficult to obtain:

- Meat, poultry and fish are high in easy to absorb iron.
- Vitamin C (fruits and vegetables, vitamins and fortified foods) help the body absorb iron better. Health care professionals often recommend that if you take an iron supplement to take along with iron.
- Vegetarian diets may make it hard to obtain enough iron.
- Certain foods (if eaten in high quantities), such as milk, tea, coffee, legumes and whole grains can make it harder to absorb iron.

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

- Feeding problems
- Poor growth
- Inadequate nutrition
- Lead exposure
- Cow's milk intake: greater than 24oz in one day
- History of prematurity or low birth weight

- Exclusive breastfeeding beyond 4 months of age without supplemental iron
- Early introduction of cow's milk before 4 months of age
- Weaning to whole milk complementary foods that do not include iron fortified cereals or foods naturally rich in iron

Screening: Head Start children 6 months 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:

Children < 2 years: Hemoglobin (Hgb) = <11.0g/dL and/or Hematocrit (Hct) = <32.9%

Children 2 < 5 years: Hemoglobin (Hgb) = <11.1g/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?
Date: _____

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.

Staff name: _____ Staff Signature: _____

PLACE THIS FORM IN THE CHILD'S HEALTH FILE.
Document all communication in the child's COPA case notes.