



NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES

Blood Management in Primary Care

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Rationale for change in acute care pathway

- Complex multidisciplinary interventions could be delivered outside the 2^o care environment
- Suspicion that the mode of care delivery could be harmful e.g. unfamiliar physical environment, poor sleep and nutrition
- Acute ambulatory care service implemented with point of care diagnostics, senior medical presence, senior experienced general nurses using Blood Track SafeTX system



EMU management of anaemia

- Largely a response to request from
 - Elderly care physicians
 - Haematology (regular transfusions)
 - Gastroenterology
 - Oncology
- Delivery of, and monitoring of response to, transfusion OR use of IV iron in selected patients (iron sucrose – venofer)

Observational data from patient cohorts treated for anaemia with blood and IV Iron

Presentation discussed:

- Comparison of patients treated with red cells vs IV iron
- Comparison of patients treated with red cells vs IV iron – initial Hb and change in Hb.
- Referral for transfusion and end of life care in frail older patients
- Population level anaemia – significant prevalence of anaemia in primary care, particularly older patients

Summary

- Innovations in acute care delivery result in environments out of hospital for delivering interventions to treat anaemia
- IV Iron delivered in this setting can improve Hb concentration but response is variable - optimal patient selection needs to be better understood
- Referral for transfusion in older age may herald an end of life phase and should be recognised
- Significant unmanaged anaemia is present at population level and this needs to be addressed.