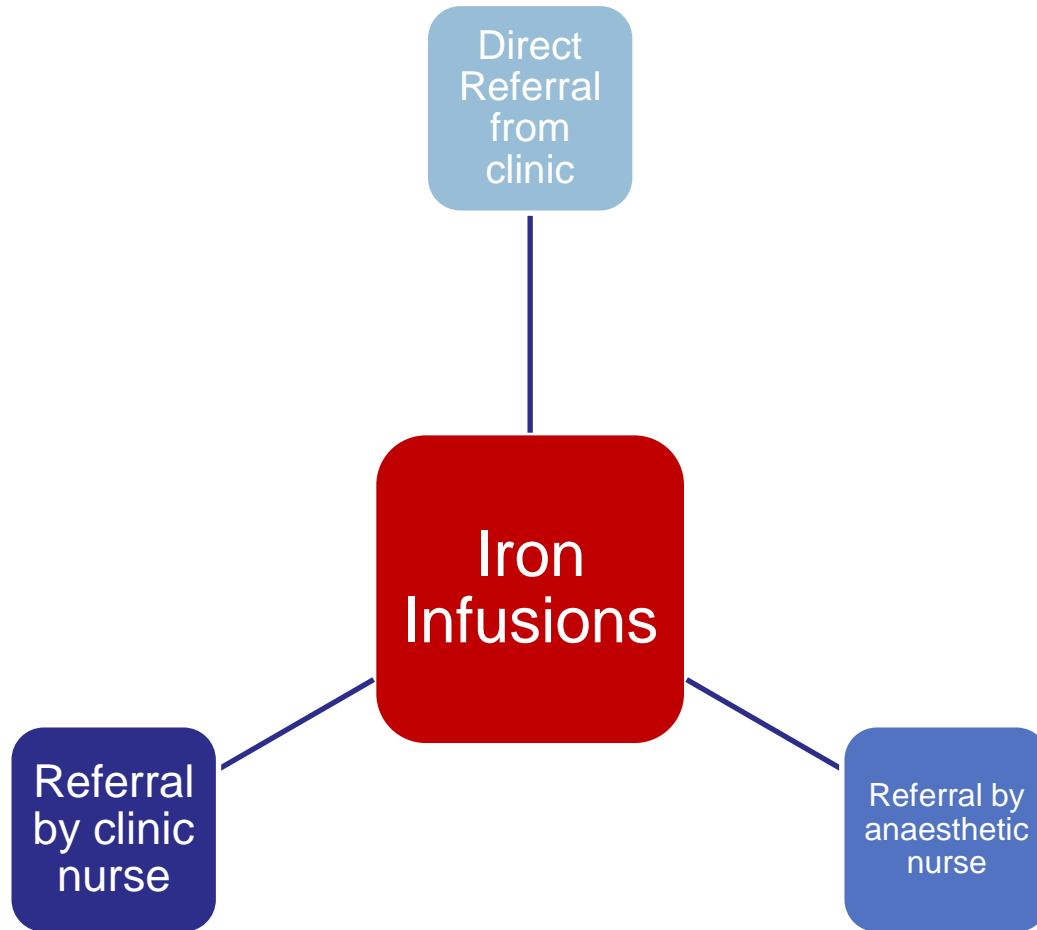


IV Iron for Gynae

14th Nov 2014

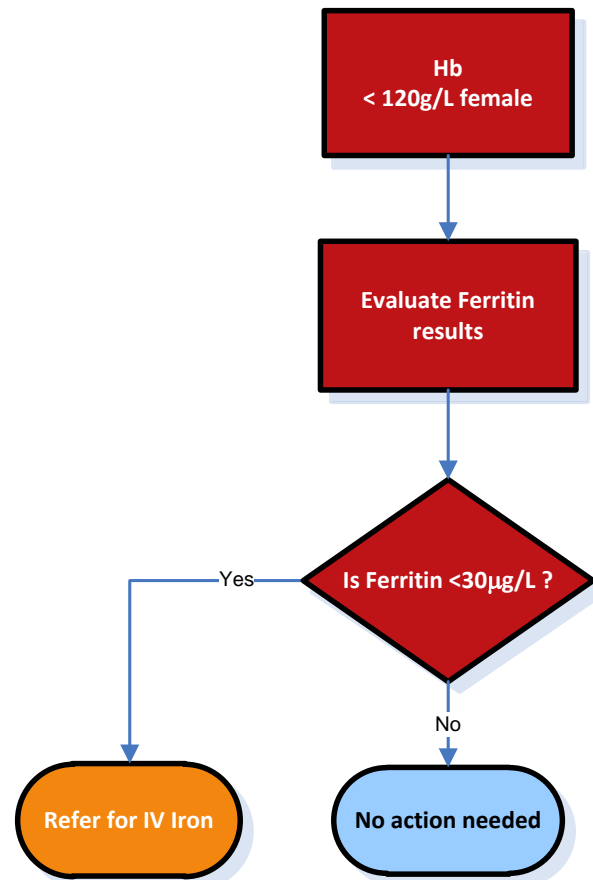


Referral pathways for Iron Infusions

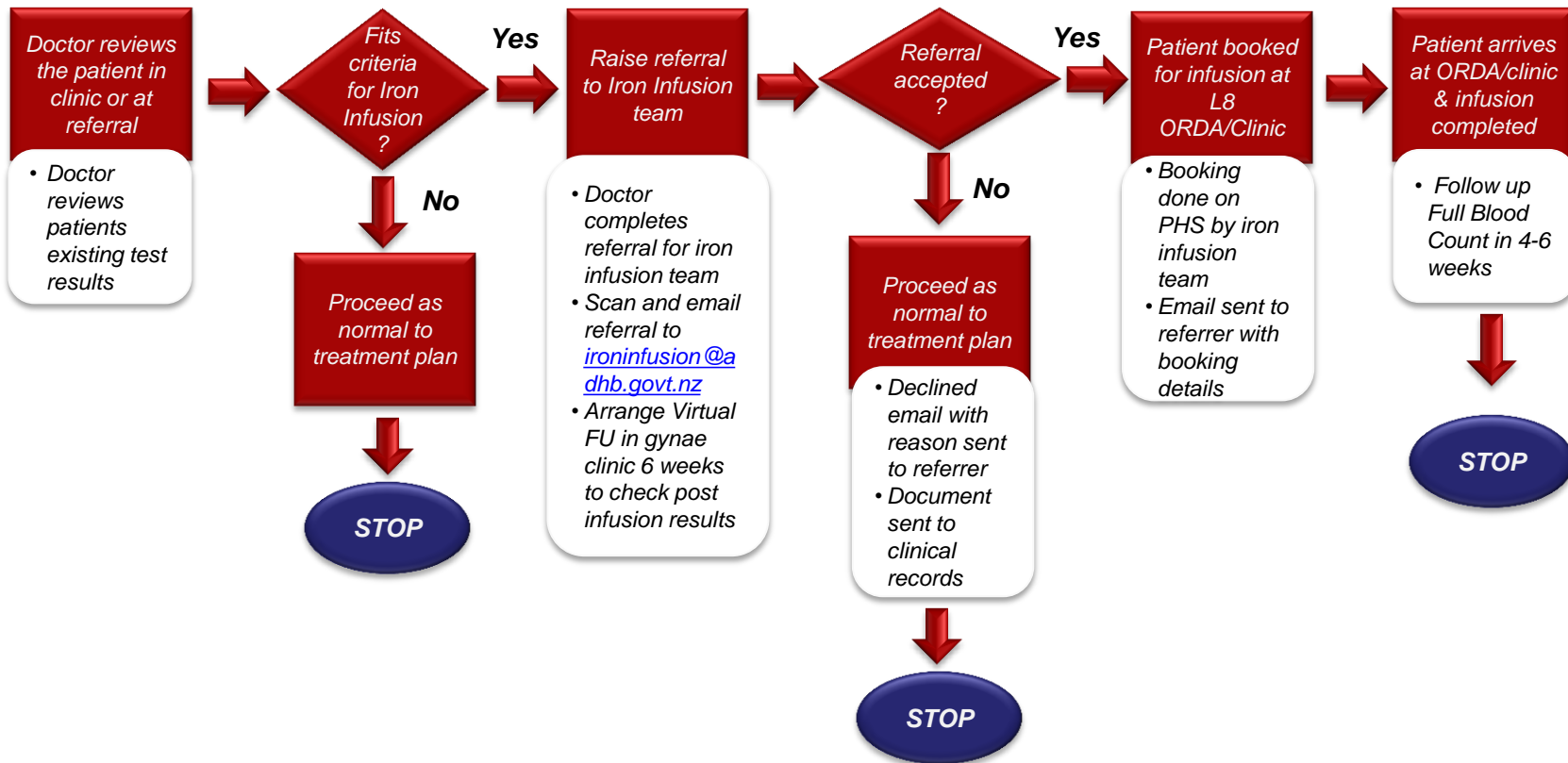


Current Proposed Algorithm

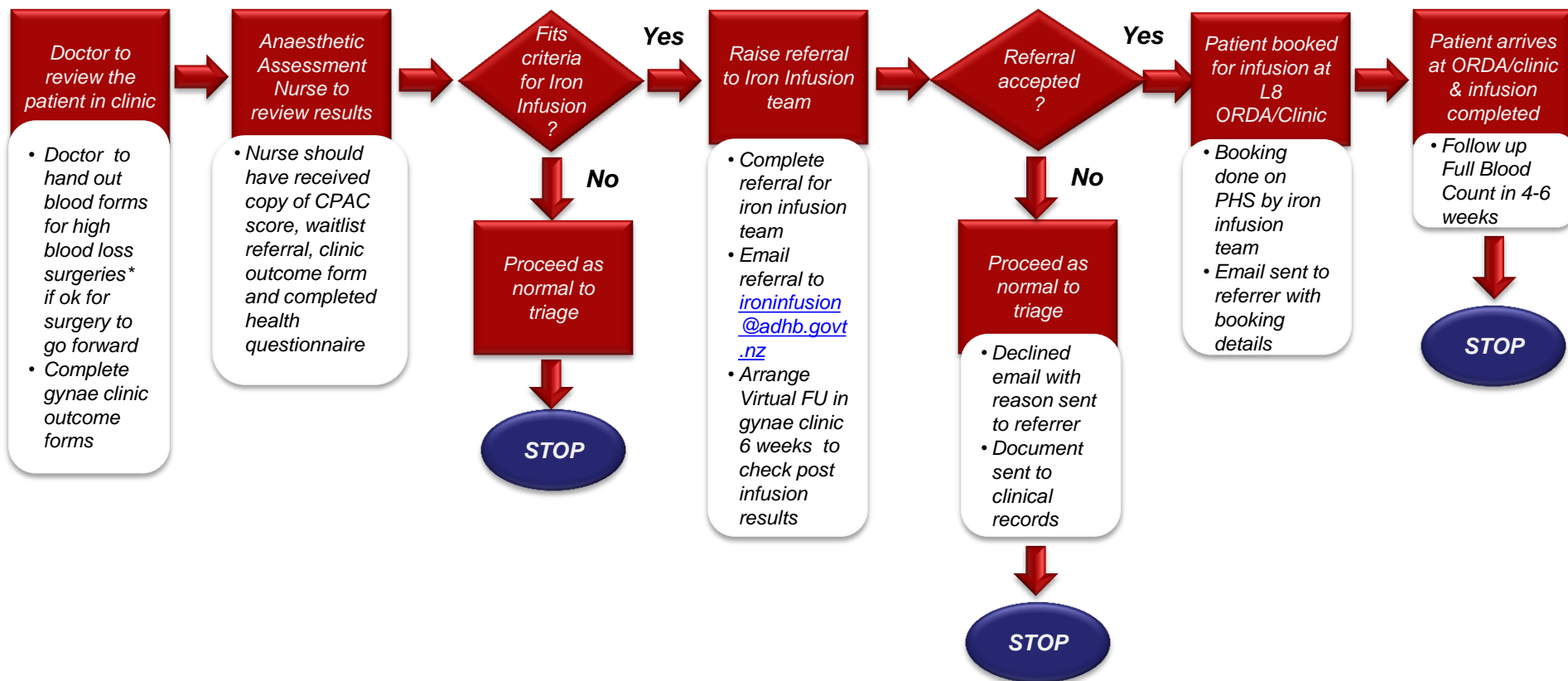
ADHB Indications for IV Iron to Treat Pre-operative Anaemia (for Gynaecology Patients)



Proposed Process (Direct Referral)



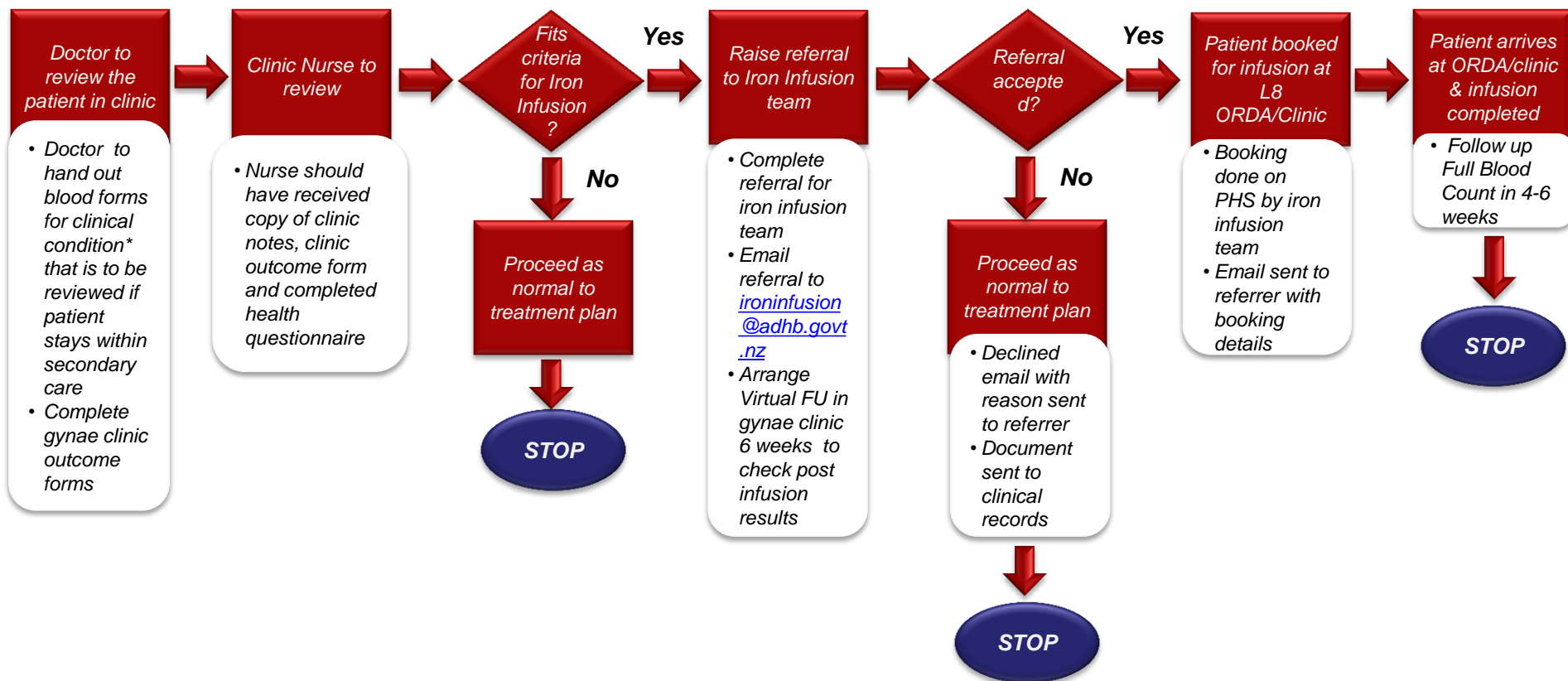
Proposed Process (Surgical Patients)



* Conditions which will need iron deficiency anaemia investigation if patient is approved for surgery

- Uterine bleeding requiring surgery
- Hysterectomy (non oncology)

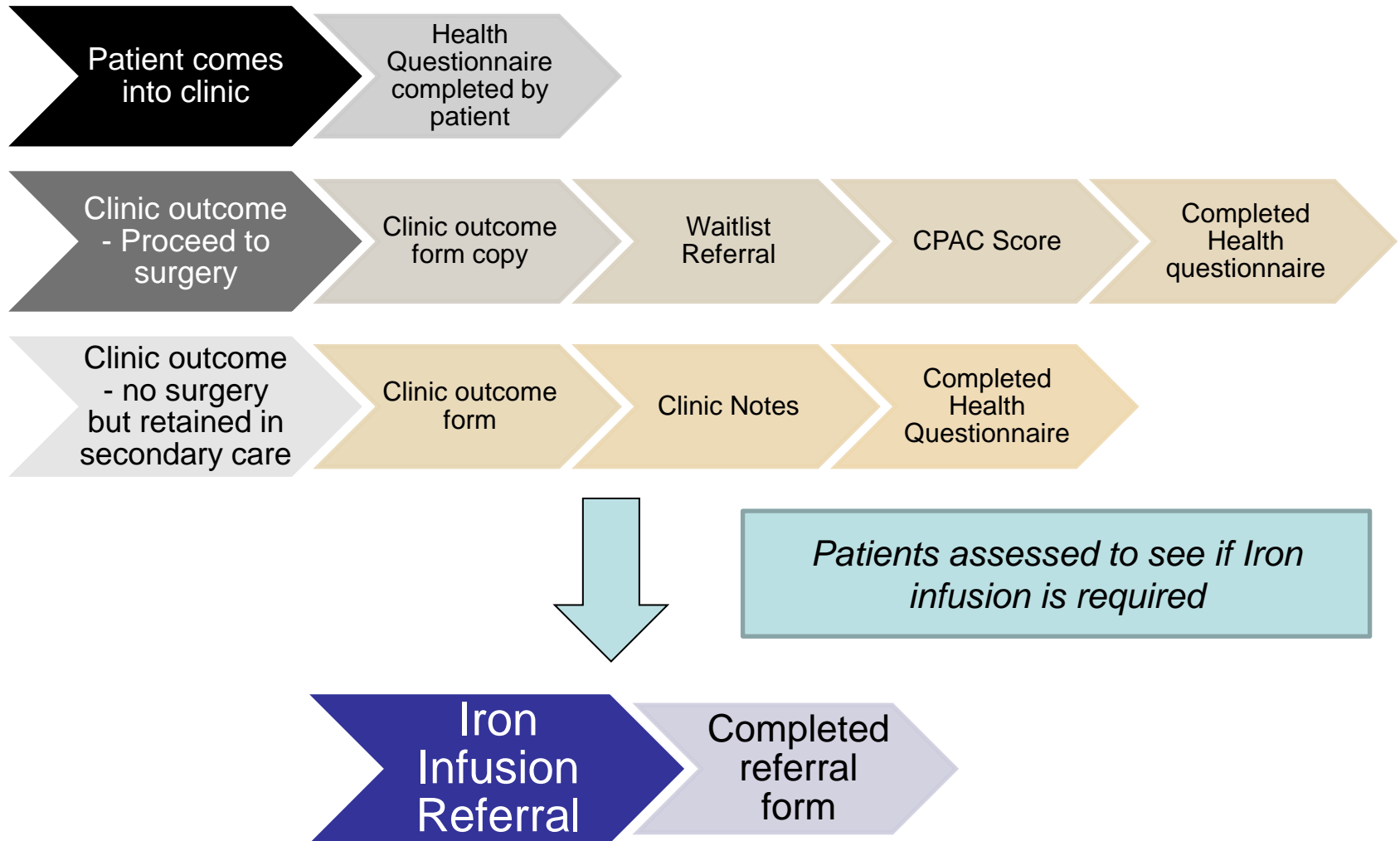
Proposed Process (Non Surgical Patients)



* Conditions which will need iron deficient anaemia investigation if patient is kept within secondary care


- Abnormal uterine bleeding (needs to be a part of the referral from primary care)

Documents required by stage



Referral Form

- ❑ Form available on the intranet on <http://adhb.intranet/ClinicalForms/> and form number being CR4034 or alternatively on the NWH website under referral forms
- ❑ Copies of form will also be kept in the clinic rooms



AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tuwai

Iron Infusion Referral
(Pre Operative Services)

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NIP: _____
FIRST NAME: _____ BOB: _____

Please ensure you attach the correct visit patient label

INTERNAL REFERRAL ONLY (Please scan form and send to iron@hkiwi.co.nz)

DATE & RESULTS

Hb: _____ Date: _____
Ferritin: _____ Date: _____
CRP: _____ Date: _____

Planned procedure: _____

Date of Surgery (if known): _____ Patient has known history of Anaemia: Yes No

Other relevant details re Indication (Including nature & urgency of planned surgery):

Referrer's Details

Name: _____ Mobile/Pager: _____
Signature: _____ Date: _____

Decision

Iron Infusion only Iron Infusion & further investigation No Infusion to be given

Date Infusion booked: _____

Clinician's Comments:

Clinician's Details

Name: _____ Mobile/Pager: _____
Signature: _____ Date: _____

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IRON INFUSION REFERRAL PRE OPERATIVE SERVICES

CR4034



Thanks

