Summary of NICE Guidelines

Anaemia management in people with chronic kidney disease
CG 114 (updates and replaces CG 39)
December 2013
February 2011
Detecting and Diagnosing anaemia of CKD: Anaemia should be investigated and managed in patients with CKD when: • Hb ≤11 g/dL (or 10.5 g/dL if younger than 2 yrs) OR • Symptoms attributable to anaemia develop • Iron deficiency anaemia should be diagnosed in people with stage 5 CKD (considered in people with stage 3 or 4 CKD) who have ferritin <100 mcg/L. Functional iron deficiency in CKD patients with ferritin levels >100 mcg/L is defined by percentage hypochromic cells (%HRC) > 6% (when available) OR transferrin saturation (TSAT) < 20% (when %HRC not available). Serum ferritin may be used to assess iron deficiency in people with CKD. Although, as ferritin is an acute-phase reactant and frequently raised in CKD, the diagnostic cut-offs
Trequently raised in OND, the diagnostic cut-ons
☐ Moderate
 ✓ Chemical Pathologist ✓ Clinical Scientist ✓ Biomedical Scientist
Monitoring of Iron status and Hb in CKD patients is important. Chemical Pathologist or Clinical Scientists should be aware of the indications for measurement as detailed in the guidelines. Iron status should be measured no earlier than 1 week after receiving i.v. iron and at intervals of 4 weeks - 3 months routinely. Hb should be measured every 2-4 weeks (induction phase) or 1-3 months (maintenance phase) during ESA therapy.

Impact on Lab

- None: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.

Important: This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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