

## **Summary of NICE Guidelines**

Title	Anaemia management in people with chronic kidney disease
NICE Reference	CG 114 (updates and replaces CG 39)
Date of Review:	December 2013
Date of Publication	February 2011
Summary of	
Guidance (Max 250 words)	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.
Impact on Lab (See below)	Moderate
Lab professionals to be made aware	<ul> <li>✓ Chemical Pathologist</li> <li>✓ Clinical Scientist</li> <li>✓ Biomedical Scientist</li> </ul>
Please detail the impact of this guideline (Max 150 words)	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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