1 Anemia

Patient name: _____ **Admission:** _____

DATE	NRS INITIAL

I. The client/caregiver can define iron-deficiency anemia.

A. Anemia is a disorder in which there is an abnormally low amount of hemoglobin or red cells. It can be caused by
- Excessive loss of red blood cells
- Destruction of red blood cells
- Impaired production of red blood cells or hemoglobin

B. Hemoglobin is essential for carrying oxygen to the cells.

II. The client/caregiver can list factors that may increase the risk of anemia.

A. Excessive loss of red blood cells
- Loss that can be acute or chronic
- Gastrointestinal blood loss
- Excessive menstrual flow
- Trauma resulting in hemorrhage

B. Destruction of red blood cells
- Overactive spleen
- Infections
- Sickle cell anemia

C. Impaired production of red blood cells
- Nutritional deficiencies (iron-deficiency anemia, pernicious anemia [deficiency of vitamin B12], folic acid-deficiency anemia)
- Intestine disorders that interfere with absorption of water-soluble vitamins
- Alcoholism
- Suppression of bone marrow (aplastic anemia)
- Rapid growth stage in infants and children
- Pregnancy

III. The client/caregiver can list high-risk populations.

A. Women of child-bearing age who have blood loss through menstruation

B. Pregnant or lactating women who have an increased requirement for iron

C. Infants, children, and adolescents in rapid growth phases

D. People with poor dietary intake of iron

DATE	NRS INITIAL

IV. The client/caregiver can recognize signs and symptoms of iron deficiency anemia (mild cases usually have no symptoms).

A. Fatigue, weakness, and sometimes dizziness

B. Frontal headache

C. Palpitations

D. Paleness of skin

E. Inflammation and soreness of mouth and tongue

F. Increased sensitivity to cold

G. Brittle fingernails and hair

H. Shortness of breath

I. Chest pain and/or rapid heart rate

J. Decreased concentration

K. Menstrual irregularities

L. Unusual food cravings (pica)

M. Irritability

N. Decreased appetite (more in children)

O. Blue tinge to sclerae (whites of eyes)

V. The client/caregiver can list measures to prevent or control iron deficiency.

A. Eat a well-balanced diet, which is from all food groups.

B. Eat foods that are rich in iron.
- Red meats and liver are the best source of iron.
- Vegetables, whole grains, raisins, egg yolk, fish, poultry, peas, beans, and blackstrap molasses are other good sources of iron.
- Read labels in search of iron-enriched foods.

C. Take iron supplements as ordered by physician.

D. Milk and antacids may interfere with absorption of iron.

E. Include foods high in vitamin C (helps with absorption of iron), such as
- Citrus fruits and juices, strawberries, cantaloupe
- Green peppers, tomatoes, broccoli, leafy green vegetables

F. Plan frequent rest periods.

(Continued)

DATE	NRS INITIAL

G. Avoid exposure to respiratory infections.
H. Use good hand washing and personal hygiene.
I. Obtain prompt treatment for infections.
J. Have stools checked for occult blood.
K. Keep follow-up appointments with physician and laboratory tests. Continue prescribed medications.
L. Perform good oral hygiene.
M. Follow safety precautions to prevent falls/injuries because of possible dizziness.
   1. Have assistance with ambulation.
   2. Change positions slowly.
N. Provide good skin care because of poor wound healing.

VI. The client/caregiver is aware of factors important when taking oral iron supplements.

A. Stool will be dark green or black.
B. Iron is best absorbed when taken on empty stomach. Because of complaints of upset stomach, it may need to be taken with food.
C. Side effects possible from iron supplements that should be reported to the physician include nausea, constipation, and diarrhea.
D. Frequent oral hygiene is important if taking ferrous sulfate because deposits may form on teeth.

DATE	NRS INITIAL

E. Take liquid iron through a straw, and rinse mouth to avoid staining teeth.
F. Iron supplements should be continued for at least 6 months after hemoglobin levels are normal.

VII. The client/caregiver is aware of possible complications from untreated anemia.

A. Heart failure
B. Infection
C. A chronic lack of oxygen

RESOURCES

Nutritionist

Counseling

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