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Anemia

Patient name: _____

Admission: _____

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- 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

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- 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)

Part II Diseases

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- 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.

Hematological Diseases/Disorders

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- 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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