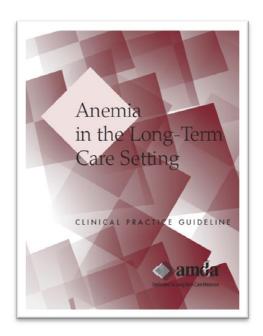
Anemia Clinical Practice Guideline



Continuing Professional Education Self-Study Course

Written by Liz Friedrich, MPH, RD, CSG, LDN, FAND Edited by Becky Dorner, RDN, LD, FAND



Your Premier Senior Nutrition Resource

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Acknowledgements

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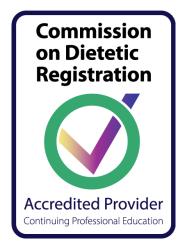
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How to Complete this Course and Receive Your Certificate

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This course and test must be completed prior to the expiration date. To obtain your continuing education certificate, you must review the material provided, take and pass an online test, and complete a simple evaluation. You may re-take the online test as many times as needed prior to the expiration date. If you are interrupted and cannot finish the test, you can save the test and come back later to finish it.

Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

Course Expiration Date Must be completed prior to this date	Continuing Education Hours	CDR Level
September 26, 2020	1	II

Course Description

Anemia is a condition of low hemoglobin concentration caused by decreased production, increased loss, or destruction of red blood cells. Anemia is common in the long term care setting, with a prevalence ranging from 34.4 percent to 60 percent. Causes of anemia include blood loss, increased red-cell destruction, decreased red-cell production, and decreased erythropoietin production.

The AMDA Anemia Clinical Practice Guideline outlines information that will allow clinicians, including RDNs to evaluate causes of and determine interventions for all forms of anemia.

Course Learning Objectives

Upon completion of this program, participants will:

- 1. Identify the causes of different types of anemia
- 2. Recognize the diagnostic criteria for different types of anemia
- 3. Understand treatment options for different types of anemia

Suggested CDR Learning Needs Codes

- 2090 Micronutrients, vitamins, minerals
- 5040 Long-term, intermediate, assisted living
- 5230 Hematological disorders, anemia
- 5410 Client protocols, clinical guidelines

Additional CDR Learning Needs Codes that may apply: 3010, 3060, 3100, 4190, 5100

Suggested CDR Performance Indicators

- 8.1.3 Integrates knowledge of macronutrients and micronutrients for absorption, digestion and metabolism throughout the life span in practice.
- 8.1.4 Demonstrates knowledge of nutrient requirements throughout the life span and their role in health promotion and disease management.
- 10.2.3 Analyzes and synthesizes the assessment data to identify nutrition problems following the Standards of Practice in Nutrition Care for RDNs.
- 10.2.8 Establishes the plan of care, directly addressing the nutrition diagnosis in collaboration with the patient in defining the time, frequency and duration of the intervention.

Additional CDR Performance Indicators that may apply: 1.3.4, 8.1.2, 8.1.5, 10.2.5, 10.2.4, 10.2.9, 10.2.10, 10.2.11, 10.2.12, 10.4.2, 10.4.3, 10.4.4, 10.4.5

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

Continuing Professional Education Self-Assessment Test and Answer Key

Mrs. Miller is a 78-year old woman that was admitted to a skilled nursing facility to increase her strength after a recent hospitalization for a mild stroke. Her diagnoses include vascular dementia, hypertension, type 2 diabetes mellitus, rheumatoid arthritis, and stage 3 chronic kidney disease (CKD). Her medications include Methotrexate, Aricept and Lisinopril. She takes Omega-3 fatty acids, vitamin D, and a multivitamin.

Upon admission to the facility, Mrs. Miller complained of fatigue and dizziness. Her daughter indicated that she seemed more confused than her baseline and she reported a history of anemia, so a complete blood count (CBC) was ordered. Based on the CBC, the physician decided to order more laboratory tests to accurately evaluate suspected anemia.

- 1. Which of Mrs. Miller's diagnosis could predispose her to anemia?
 - a. Vascular dementia
 - b. Hypertension
 - c. Stage 3 CKD
 - d. Heart failure
- 2. The physician suspects anemia of chronic disease, which is characterized by
 - a. Low serum B₁₂ and/or folate
 - b. Presence of inflammatory conditions
 - c. Fatigue and dizziness
 - d. Decreased iron stores
- 3. The physician should order ferritin, serum iron, total iron binding capacity, transferrin, B₁₂, folate, and _____ to help identify Mrs. Miller's anemia.
 - a. Hepatic and renal function tests
 - b. Hemoglobin A1c
 - c. Basic metabolic panel
 - d. Serum albumin and prealbumin
- 4. Mrs. Miller's laboratory tests revealed a low serum ferritin, low serum iron, and a low serum transferrin. Based on those results she probably has
 - a. B12 deficiency anemia
 - b. Folate deficiency anemia
 - c. Anemia of chronic disease
 - d. Iron deficiency anemia

- 5. Which of the following would be an appropriate treatment for Mrs. Miller's anemia?
 - a. B₁₂ supplements
 - b. Folate supplements
 - c. Dietary changes to increase iron, B₁₂, and folate intake
 - d. Ferrous sulfate