

Anemia

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Anemia due: As per the symptoms presented, the patient is suffering from iron deficiency anemia. According to McCance & Huether (2014), it is paramount to note that Iron deficiency states will present with hyporegenerative and microcytic anemia (p. 987-993). Possible causes for this condition include iron absorption bleeding, inadequate dietary iron, and or loss of body iron in the urine. The patient presents to the clinic with no energy. This means that she lacks the transportation of adequate oxygen which is dependent on the number and circumstances of red blood cells, and the amount of hemoglobin the red blood cells have; thus displaying the symptom of no energy.

Iron deficiency anemia is triggered by failure in blood cell production. The proper management plan will be based in correcting the issue as well as replenishing iron stores. This is done by the prescription of oral iron therapy, activity restriction, and diet adjustment. The patient must be given iron supplementation and in instances where oral preparations cannot be tolerated, parenteral iron may be used. In cases or oral iron therapy, ferrous sulfate is the best iron salt to be administered. Oral iron must be continued until three months after the iron deficiency has been corrected; this aims at replenishing the stores. Analysis of the patient's diet reveals the diet may have contributed to her condition. The proper management plan for dietary adjustment is counseling the patient on their consumption and development of a meal plan. This means the patient must start consuming meals rich in iron and folic acid, i. e. spinach, broccoli, kidney beans, whole grains, asparagus, and broccoli. In addition, the patient has to be advised to increase her vitamin B12 intake. Restriction of activity is necessary for this

patient based on the fact that she exercises intensely. Therefore, she ought to limit her activities until she is well. The hemoglobin level of the patient has to be monitored at intervals. This is part of the follow up procedure (Brashers, 2006).

Concept map pertaining the case study

Impedes the formation of hemoglobin

Decrease in RBC production and increase in RBC destruction

Inadequate total body iron & erythropoiesis weakened

Low ferritin, microcytosis, hypochromia

References

Brashers, V. L. (2006). Clinical applications of pathophysiology: An evidence-based approach.

St. Louis (MO: Mosby/Elsevier.

In McCance, K. L., & In Huether, S. E. (2014). Pathophysiology: The biologic basis for disease in adults and children.