



UpToDate[®] Advanced
Quick Reference Card

Help reduce unwarranted variations in care with
the next generation of clinical decision support

→ What is UpToDate® Advanced?

With UpToDate® Advanced in the workflow, you can help reduce unwanted care variability for your patients with:

- **UpToDate® Pathways:** interactive guides to help make appropriate decisions related to specific clinical questions.
- **Lab Interpretation:** monographs to quickly help interpret abnormal lab results and choose next steps.

When it comes to providing consistent quality and appropriate care to patients, you have to make the right call every time, while considering the best evidence and patient preferences. This is especially important for common, chronic, and complex conditions that have multiple management, diagnosis, or treatment options, and thus the highest potential for unwarranted care variations.

Advanced content is available right within your UpToDate search results for quick and easy access:



UpToDate Pathways — Interactive guides to help make appropriate decisions related to specific clinical questions.



Lab Interpretation — Monographs to quickly help interpret abnormal lab results and choose next steps.

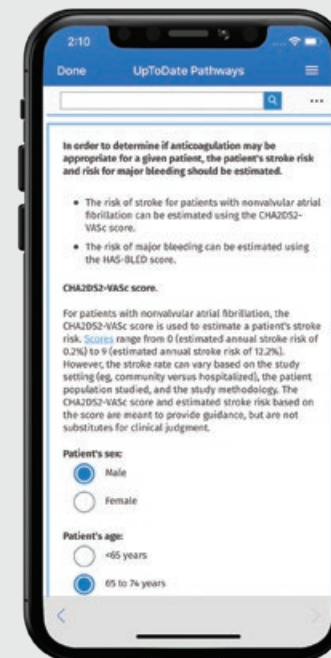


Enter a keyword or phrase

View list of UpToDate Pathways by specialty

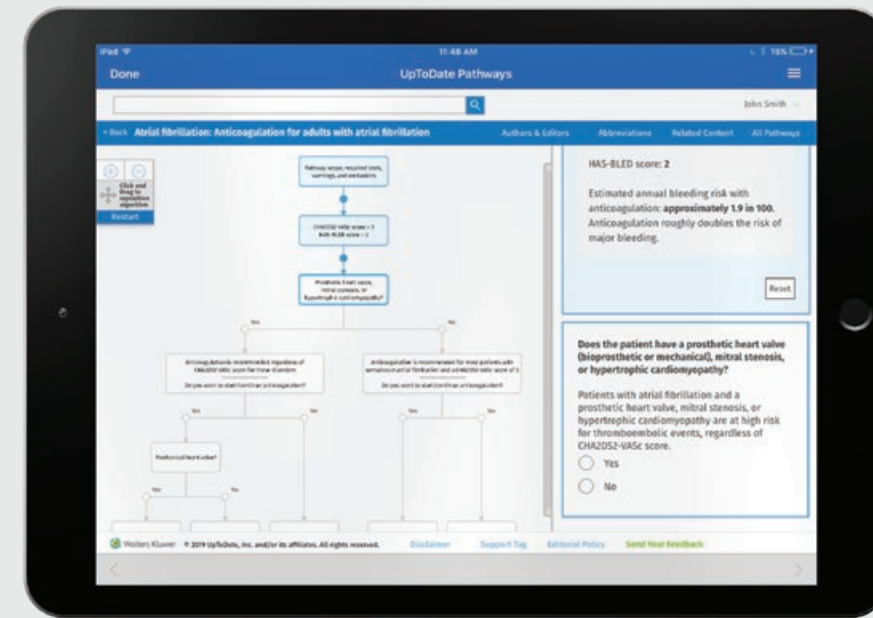
The screenshot shows the UpToDate website interface. At the top, there is a search bar containing the text 'atrial fibrillation'. To the right of the search bar, the user's name 'John Smith' and 'CME 33.5' are displayed. Below the search bar, there are navigation tabs for 'Contents', 'Calculators', 'Drug Interactions', and 'UpToDate Pathways'. The main content area shows search results for 'atrial fibrillation', including an overview, treatment issues, and a 'Quick access for "atrial fibrillation"' panel on the right. This panel features a flowchart titled 'UpToDate Pathways: Atrial fibrillation: Anticoagulation for adults with atrial fibrillation'.

Available UpToDate Pathways appear in the "Quick Access Panel" to the right of search results



On smart phones: UpToDate Pathways display in Q&A mode

On tablets: Q&A and algorithm mode display in landscape mode



Click on the title to view the scope, required test and exclusions.

Choose a management approach.

- Start warfarin
- Start warfarin and refer for subsequent anticoagulation management
- Urgent referral for anticoagulation management (urgent so anticoagulation will not be delayed)
- Approach to anticoagulation other than the options provided

The appropriate starting dose of warfarin for this patient is likely 2.5 mg daily on days one and two. Subsequent dosing depends on the INR (goal INR for atrial fibrillation is typically 2 to 3) (table). Dose adjustments should be made by a clinician experienced in anticoagulation management.

The drug doses given generally represent the doses that are suggested for patients who do not require dose adjustments due to factors such as comorbid illnesses, organ dysfunction, drug interactions, or other reasons. Consult a clinical drug reference, appropriate UpToDate topic reviews, and/or other resources to confirm the appropriate dosing for a given patient.

Select a warfarin dose.

- Warfarin 2.5 mg orally once daily on days one and two
- Warfarin at a dose or frequency other than the option provided

Check the INR on day 3 after starting warfarin.

- Obtain an INR on day 3 of warfarin
- Obtain an INR at a time other than the option provided

Continue to Summary

Navigate individual pathways using the dynamic pathway on the left or answering questions on the right panel.

Direct links to supporting references in UpToDate topics and Lexicomp® drug information

Relevant clinical and patient education topics are available at the end of each pathway.

Built in calculators are available for quick, real-time calculations and recommendations based on scores. You can even verify the basis and the evidence for these calculations.

The patient's CHA2DS2-VASc score is 3. Estimated annual stroke risk approximately 3.2 in 100.

The patient's HAS-BLED score is 2. Estimated annual bleeding risk: approximately 1.9 in 100.

Prosthetic heart valve (bioprosthetic or mechanical), mitral stenosis, or hypertrophic cardiomyopathy: No.

Anticoagulation is recommended for most patients with a CHA2DS2-VASc score of 3. However, not starting anticoagulation is a reasonable alternative for the rare patient who is at very high risk of major bleeding, for an informed patient who is particularly averse to bleeding risk, or for patients with short-duration paroxysmal atrial fibrillation.

Anticoagulation decision: Anticoagulate.

Current anticoagulation: None.

Dual antiplatelet therapy required: No.

For most patients with atrial fibrillation, UpToDate suggests a direct oral anticoagulant for anticoagulation. However, warfarin is a reasonable alternative.

Reasons to prefer warfarin: Yes.

- Suggested initial warfarin dose: 2.5 mg for days one and two. Subsequent dosing depends on the INR (goal INR for atrial fibrillation is typically 2 to 3). Dose adjustments should be made by a clinician experienced in anticoagulation management.
- Anticoagulation approach chosen: Start warfarin.
- Dose of warfarin chosen: Warfarin 2.5 mg orally once daily on days one and two.
- The INR should be checked on day 3 after starting warfarin.

Copy to Clipboard

Professional Topics

- Atrial fibrillation: Anticoagulant therapy to prevent stroke
- Overview of atrial fibrillation

At the end of a pathway, a summary will recap the recommendations, orders and actions you selected along the way. You can include the summary in the medical record using the "Copy to Clipboard" button. Included in the copy:

- Pathway title
- Orders and Actions
- Decision Summary
- Date/Time completed
- Link to Pathway
- Unique session id

See "Contents" drop-down menu to view full list of Lab Interpretation.

Showing results for low ferritin

Contents ▾ Calculators Drug Interactions UpToDate Pathways

Click related term for ferritin: serum ferritin concentration

Causes and diagnosis of iron deficiency and iron deficiency anemia in adults

Regulation of iron balance

Treatment of iron deficiency anemia in adults

Quick access for "low ferritin"

Lab Interpretation: Abnormal iron profile: Low ferritin or low iron in adults

If a Lab Interpretation monograph is available for your search, it will appear in the "Quick Access Panel"

Click on the title to open a quick view of the Lab Interpretation monograph

low ferritin

Contents ▾ Calculators Drug Interactions UpToDate Pathways

Back to Search low ferritin Find Print Bookmark

Topic Outline

ALGORITHM

INITIAL EVALUATION

Criteria for iron deficiency

- Individuals without comorbidities
- Individuals with inconclusive initial testing or comorbidities

Identify etiology of iron deficiency

- Evaluate for blood loss
- Evaluate for reduced iron absorption

REFERENCE RANGE

CITATIONS

GRAPHICS

Algorithms

- Diagnostic testing Fe deficiency

Tables

- Laboratory findings iron deficiency
- Assessing menstrual blood loss

RELATED TOPICS

- Anemia of chronic disease/inflammation
- Causes and diagnosis of iron deficiency and iron deficiency anemia in adults
- Diagnosis of celiac disease in adults

Graphics

Algorithm 1

Table 1

Table 2

Assessing menstrual blood loss

Lab Interpretation: Abnormal iron profile: Low ferritin or low iron in adults

Author: Stanley L. Schrier, MD
Section Editor: William C. Mentzer, MD
Deputy Editor: Sylvia McKean, MD
Contributor Disclosures: All topics are updated as new evidence becomes available and our peer review process is complete. Literature review current through: Jun 2019. | This topic last updated: Jan 11, 2018.

ALGORITHM (algorithm 1)

INITIAL EVALUATION

Ferritin may be ordered as part of an "iron studies panel" or as an isolated test for the evaluation of anemia. In

Export to Powerpoint Full View Feedback Bookmark

© 2019 UpToDate, Inc. and/or its affiliates. All Rights Reserved.

Algorithm for evaluating suspected iron deficiency

Typical findings in iron deficiency

- Symptoms of anemia, pica, restless legs syndrome
- Conditions that could interfere with iron intake (eg, positive FIT for celiac disease; GI symptoms)
- Potential sources of blood loss (eg, heavy menses, pregnancies, GI bleeding, frequent blood donation)

Examination may show:

- Stigmata of iron deficiency
- Source of blood loss (eg, occult blood in stool)

CBC may show:

- Anemia
- Low RBC count
- Microcytic/hypochromic RBCs
- Low reticulocyte count
- High platelet count

Iron studies panel includes the following:

- Iron
- Transferrin/TIBC
- Ferritin
- Recent transferrin saturation (TSAT) (calculated as iron/TIBC × 100)

Adult with suspected iron deficiency or iron deficiency anemia

Obtain iron studies*

Serum ferritin <13 ng/mL? OR Serum ferritin <41 ng/mL if anemia and comorbidities present?

Yes: Iron deficiency confirmed

No: Identify source of iron deficiency and/or blood loss

Transferrin saturation (TSAT) low?>5

Treat with iron†

Additional (specialized) testing for iron deficiency? AND/OR Additional testing for other causes of anemia or symptoms

Identify source of iron deficiency and/or blood loss

Treat with iron†

This is a general approach and should not substitute for the judgment of the treating clinician. It presumes the patient has already had a history, examination, and CBC including RBC count and RBC indices (eg, MCV, MCH) and that suspected iron deficiency is the primary clinical concern. Refer to UpToDate for additional information.

Topic outline and direct links to relevant UpToDate topics for quick reference

Additional tables and graphics appear on the right side of the monograph

Using the monograph, quickly determine what the abnormal test results mean, what factors impact the results and what to do next



→ Contact Us

Customer Support

To reach customer support for **individual subscribers or users at an institution**, please contact:

EMAIL

customerservice@uptodate.com

PHONE

US/CAN: tel 1.888.550.4788

All other countries: tel +31 172 641440

You can also find answers to Frequently Asked Questions in the UpToDate Support Knowledge Center (go.uptodate.com/knowledge-base)