N18 - Anemia Labs and Treatment Response

When: A changing hemoglobin, iron-panel review, or ESA treatment that is not producing the expected response.

Do this

• Compare hemoglobin with prior values and the active ESA/iron orders. Record dose changes, missed doses, hospitalization, transfusion, and visible or suspected blood loss.

• Read ferritin and TSAT together. Record recent IV iron and collect samples according to the unit protocol, before that session's iron when ordered [1].

• Ask about fatigue, dyspnea, chest pain, prolonged access-site bleeding, dark stools, infection symptoms, and poor intake.

• If hemoglobin remains low despite increasing ESA, bring the trend and administration record for cause-based review, rather than assuming the dose is simply too low [1].

Call / escalate

• Chest pain, dyspnea at rest, syncope, hemodynamic instability, or active major bleeding: urgent assessment regardless of the hemoglobin number.

• An unexpected hemoglobin fall, rapid rise, protocol hold threshold, poor response, active infection, or a discrepant iron panel: notify the prescriber under the unit protocol.

Don't

• Do not independently increase ESA/iron, order transfusion, or aim to normalize hemoglobin.

• Do not interpret a high ferritin as proof that iron is available for erythropoiesis. Check TSAT and clinical context [1].

Evidence numbers refer to the sources on the reverse.

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Why

• KDIGO 2026 distinguishes systemic iron deficiency from iron-restricted erythropoiesis: iron can be present in storage while insufficiently available to developing red cells [1].

• Blood loss, inflammation, iron restriction, and other reversible causes can blunt ESA response. Repeated dose escalation without evaluation misses the cause [1].

• This is the laboratory-review card. N10 covers medication administration, product-specific precautions, and hold/report rules; the signed order and local protocol govern.

Bring this to the review

Hemoglobin trend with dates; ferritin/TSAT and iron timing; ESA/iron doses actually given; bleeding/infection symptoms; BP; admissions/transfusions; the decision or repeat test needed.

Sources - click to open

1. KDIGO 2026 Anemia in CKD guideline. PMID: 41485812

2. KDIGO 2026 Anemia guideline full text.

Full reviews and navigation

Anemia: Targets, ESAs, and Hyporesponsiveness

Anemia: Iron, HIF-PH Inhibitors, and Transfusion

Complete screening and health maintenance white paper

All nursing cards | HD section home | Main homepage

Adapted from the linked Clinical Mastery reviews. Updated September 27, 2026. Andrew Bland, MD, FACP, FAAP - Urine Nephrology Now.