**Guideline Recommendations**

**2017 AHA/ACC/HFSA Focused Update -Guidelines in Management of HF**

**1. If No Benefit**

- E-E

- In patients with HF and anemia, erythropoiesis-stimulating agents should not be used to improve mortality and morbidity.

**2. In Patients with HF and anemia, erythropoiesis-stimulating agents should not be used to improve mortality and morbidity.**

**Algorithm for screening/diagnosis and treatment/follow-up of iron deficiency in patients with chronic heart failure.**

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**Check iron deficiency status**

- Female: <100 µg/L
- OR: <20-29 µg/L (when TSAT <20%)

**Check anaemia status**

- Male: Hb <13 g/dL
- Female: Hb <12 g/dL

**Iron deficiency treatment**

- Note: if Hb >15 g/dL, do not administer IV iron.

**Consider single doses of ferric carboxymaltose (500-1000 mg iron) to correct iron deficiency?**

**Calculate total iron need using the table:**

- Hemoglobin g/dL mmol/L

- Target body weight

- <35 kg
  - 35 kg to <70 kg
  - ≥70 kg

- <10
  - <6.2
  - ≥7.5

- 6.2 to <8.7
  - 500 mg
  - 1000 mg

- ≥8.7 to 9.3
  - 500 mg

- ≥14 to 15
  - 1000 mg

**Check ferritin + TSAT**

- 1-2 times per year or if change in clinical picture or if hemoglobin decreases.

**Check ferritin + TSAT**

- At next scheduled visit (preferably after 3 months).

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- 1-2 times per year or if change in clinical picture or if hemoglobin decreases.