

ml/kg), not whole blood, are used to minimize the chance of circulatory overload. Supplemental oxygen is administered when tissue hypoxia is severe.

Prognosis

The prognosis for a child with iron deficiency anemia is very good. However, evidence indicates that if the iron-deficiency anemia is severe and long-standing, cognitive, behavioral, and motor impairment and even death may result ([Andrews, Ullrich, and Fleming, 2009](#); [Jauregui-Lobera, 2014](#); [Lokeshwar, Mehta, Mehta, et al, 2011](#); [Scott, Chen-Edinboro, Caulfield, et al, 2014](#)). However, there is lack of convincing evidence that iron treatment of young children with iron deficiency anemia has an effect on psychomotor development or cognitive function ([McDonagh, Blazina, Dana, et al, 2015](#); [Thompson, Biggs, and Pasricha, 2013](#); [Wang, Zhan, Gong et al, 2013](#)). Therefore, there is need for further large long-term follow-up randomized interventional studies to be conducted in this area.

Quality Patient Outcomes: Iron Deficiency Anemia

- Early recognition of signs and symptoms of iron deficiency anemia
- Appropriate quantity of milk, use of iron-fortified infant formula, and introduction of solid foods
- Adherence to oral iron supplement with appropriate administration
- Hemoglobin increase within 1 month and anemia resolved within 6 months

Nursing Care Management

An essential nursing responsibility is instructing parents in the administration of iron. Oral iron should be given as prescribed in two divided doses between meals, when the presence of free hydrochloric acid is greatest, because more iron is absorbed in the