



Screening for Iron Deficiency Anemia in Young Children: Clinical Summary

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| Population | Asymptomatic U.S. children ages 6 to 24 months |
| Recommendation | <p>No recommendation.</p> <p>Grade: I statement (insufficient evidence)</p> |

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| Risk Assessment | No studies assessed the performance of risk assessment tools to identify children who are at increased risk for iron deficiency anemia. |
| Screening Tests | Although the evidence is insufficient to recommend specific tests for screening, measurement of serum hemoglobin or hematocrit is often the first step. |
| Treatment and Interventions | Iron deficiency anemia in children is usually treated with oral iron; the usual dose in infants and young children is 3 to 6 mg/kg of elemental iron per day in 2 to 3 divided doses. |
| Balance of Benefits and Harms | The current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in young children. |
| Other Relevant USPSTF Recommendations | The USPSTF addresses screening for iron deficiency anemia in pregnant women and iron supplementation during pregnancy in a separate recommendation statement (available at www.uspreventiveservicestaskforce.org). |

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.