

Bring this to your child's next appointment. It gives you the language, the tests, and the numbers to ask about.

SECTION 1 — Symptom Checklist

Check any symptoms your child has experienced in the past 3 months:

- Persistent fatigue or low energy** — tired even after a full night's sleep
- Pale skin, lips, or inner lower eyelids**
- Frequent colds, infections, or slow recovery from illness**
- Poor concentration, brain fog, or declining school performance**
- Mood changes, irritability, or emotional dysregulation**
- Cold hands and feet** — even in warm weather
- Restless legs or poor sleep quality**
- Pica** — craving ice, dirt, or non-food items (a key warning sign)
- Slow growth or poor appetite**
- Breathlessness with light activity**
- Headaches** — frequent or hard to explain

Your notes before the appointment:

How long have symptoms been present? _____

How often / how severe? _____

Any other notes for the doctor: _____

Daily Iron Recommendations for Children

Age / Life Stage	Daily Iron	Key Note
Birth – 6 months	0.27 mg	Met through breast milk / formula
Infants 7–12 months	11 mg	High risk at weaning — big jump
Children 1–3 years	7 mg	Toddler picky eating + rapid growth
Children 4–8 years	10 mg	School-age growth demands
Children 9–13 years	8 mg	Pre-teen growth acceleration
Teen Boys 14–18	11 mg	Muscle growth & development
Teen Girls 14–18	15 mg	Highest need — menstruation begins

SECTION 2 — Blood Tests to Request

Ask your doctor for a complete iron panel, not just a standard CBC. Use the checklist below.

- Serum Ferritin** — iron storage marker; the most important single test
- Transferrin Saturation (TSAT)** — < 16% = deficiency | 16–20% = suboptimal | 25–40% = optimal. Must be FASTED morning sample
- CBC with Differential** — includes RBC, hemoglobin, MCV, and MCH
- CRP** — rules out inflammation that can artificially raise ferritin

Say this at your appointment:
“My child has been [tired / getting sick often / struggling to focus] and I’d like bloodwork, including ferritin. Can we add that to their bloodwork?”

If the doctor says it’s not necessary:
“My child has had [X symptoms] for [X months]. I’d like to specifically rule out iron deficiency with bloodwork.”

SECTION 3 — Understanding Your Child’s Results

The most important thing to know:
 Lab reference ranges are built to catch disease, not to define optimal health. A result flagged as ‘normal’ may still be too low for your child to thrive.

[LifeLabs & OAML Updated Pediatric Ferritin Guidelines \(catch iron depletion earlier\):](#)
< 20 µg/L = Iron Deficiency | 20–50 = Probable | 51–100 = Possible (if risk factors) | 101–300 = Good

This means a child with ferritin of 75 µg/L — often told they are ‘fine’ — may still fall in the Possible Iron Deficiency range if risk factors are present.

Ferritin Range	LifeLabs / OAML Interpretation	What This Means
< 20 µg/L	Iron Deficiency	Treatment should be initiated
20 – 50 µg/L	Probable Iron Deficiency	Probable deficiency in absence of inflammation — consider treatment
51 – 100 µg/L	Possible Iron Deficiency	Possible deficiency if risk factors present and no inflammation
101 – 300 µg/L	Good — Deficiency Unlikely	Iron stores likely adequate

Source: LifeLabs & Ontario Association of Medical Laboratories (OAML) — Updated Pediatric Serum Ferritin Guidelines | Heme Equity, Raise the Bar

Marker	Range / Threshold	What It Means
Transferrin Saturation (TSAT)	< 16% = deficiency 16–20% suboptimal 25–40% optimal (fasted AM)	Iron not reaching cells. Must be a fasted morning test. CRP > 5 can falsely elevate ferritin — use TSAT to confirm.
MCV (red cell size)	80–100 fL (low end = warning)	Small red cells = late iron incorporation failure. Most people with IDA have a NORMAL MCV!
Hemoglobin	Age-dependent	Low = stage 3 anemia only. CBC alone is an inadequate screen for iron deficiency

⚠ Important: Inflammation Can Mask Iron Deficiency (CRP Test)

CRP > 5 mg/L = inflammation is present and can falsely elevate ferritin by 30–90%.

If your child has symptoms of iron deficiency but ferritin looks high or normal, ask your doctor to check CRP and TSAT in a fasted morning sample.

Ferritin can look ‘too good to be true’ when there is inflammation — even when the child is truly iron deficient.

The 3 stages — why waiting for anemia means waiting too long:

Stage 1 — Iron Depletion: Ferritin LOW. Serum iron & hemoglobin normal. CBC looks fine. Stores are running out — early action here prevents progression.

Stage 2 — Iron Deficiency: Ferritin + serum iron LOW. Hemoglobin still normal. Symptoms begin. CBC still looks fine.

Stage 3 — Iron Deficiency Anaemia: All markers LOW including hemoglobin. CBC finally catches it — but deficiency has been present for months.

SECTION 4 — At the Doctor's Office

What to bring

- This handout
- A written symptom log with dates
- Any previous blood results
- A list of your questions

When to ask for a referral

- If you are dismissed and symptoms persist
- **Pediatric dietitian** — for dietary assessment & supplementation guidance
- **Hematologist** — if ferritin is very low or there are complex findings
- **Gastroenterologist** — if gut issues may be affecting absorption

Questions that work:

"Her ferritin is 14. I've read that below 30 can affect energy and focus even without anemia. Can we discuss a supplement trial or next steps?"

"He's been tired and getting sick frequently for 4 months. What would it take to trial iron supplementation while we wait for results?"

"I'd like to understand what our target ferritin should be, can we set a follow-up retest date now?"

SECTION 5 — Next Steps & What to Expect

Dietary support

- **Pair iron with vitamin C** — e.g. lentils + peppers, meat + broccoli
- **Reduce milk at mealtimes** — calcium competes with iron
- **Space tea/coffee** — tannins reduce absorption
- **Include heme sources** — meat, poultry, fish most absorbable
- **Non-heme iron:** lentils, beans, tofu, spinach + fortified foods

Supplementation tips

- **Take with vitamin C** — maximises absorption significantly
- **Choose a gentle form** — KidStar Nutrients iron pyrophosphate (micronized & microencapsulated)
- **Avoid calcium within 2 hrs** — dairy, antacids, fortified foods
- **Consistency is key** — daily, not sporadic
- **Retest in 3–4 months** — full iron panel including ferritin

Managing expectations — what recovery looks like:

Diet alone is NOT enough when iron deficient — supplementation is essential.

Hemoglobin should rise 10–20 g/L within 4 weeks of starting supplements — a good early sign it's working.

Ferritin recovery is slow: expect 3–6 months to reach optimal levels.

Retest target: ferritin ≥ 101 $\mu\text{g/L}$ ('Good' zone, LifeLabs/OAML). Don't stop when symptoms improve — stop when the number confirms it.

SECTION 6 — About BioFe® Iron Supplements

When supplementation is needed, the form matters.

Not all iron supplements are created equal. Many parents find that traditional iron causes constipation, stomach upset, and stained teeth — which makes consistent supplementation difficult. KidStar Nutrients developed BioFe® using micronized and microencapsulated iron pyrophosphate, a form that is gentle on the stomach and easy for the whole family to take daily.

IRON FOR THE WHOLE FAMILY

Micronized & Microencapsulated Iron Benefits:

- Non-constipating
- No upset stomach
- No stained teeth
- No metallic taste
- No sugar
- Tastes great!

IRON SUPPLEMENTS

Why Micronized & Microencapsulated Iron?

- Non-constipating** — no digestive upset that stops kids from taking it
- No upset stomach** — gentle enough for ages 0+
- No stained teeth** — safe for daily use without cosmetic concerns
- No metallic taste** — kids actually accept it
- No sugar** — sweetened without sugar or artificial sweeteners

Tastes great! Making consistency easy.



BioFe® Product Line — Something for Every Family

Product	Dose / Format	Best For
BioFe Pure Iron Drops	20 drops = 10 mg Unflavoured	Ages 0+. Mixes easily into food or liquid. Perfect for infants and picky eaters.
BioFe Pure Iron Chewable Tablets	5 mg or 10 mg Grape flavoured	Ages 3+. Great for kids who want to chew their supplement.
BioFe+ Iron Liquid	15 mg per teaspoon	Ages 0+ & Adults. Family-friendly liquid with vitamins B6 & B12.
BioFe Liquid Iron Sachets	30 mg per sachet	Ages 0+. Convenient on-the-go option. Higher dose for faster repletion.

Ready to start? Visit kidstarnutrients.com/biofe to explore the full BioFe® line, find a store near you, or order online.

Free shipping on orders over \$75. Available across Canada.

KidStar Nutrients

kidstarnutrients.com

This handout is for educational purposes only. Always consult a qualified healthcare provider.

Prepared by:

Practitioner Education Specialist
& Pediatric Dietitian, KidStar Nutrients

KidStar Nutrients | 2026