

QUICK GUIDE TO HAEMATOLOGY

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Referral category	Suggested tests	Criteria for urgent referral	Criteria for routine referral
Anaemia If Iron deficient refer to gastroenterology or gynaecology as appropriate	Detailed history, blood film, reticulocytes, haematinic assays, asses for paraprotein, renal function	Leucoerythroblastic film, unexplained progressive symptomatic, enlarged spleen or lymph glands	Persistent unexplained anaemia, intolerance or suboptimal response to iron. B12 deficiency + no evidence of pernicious anaemia
Erythrocytosis Is judged on basis of HCT or PCV.	Repeat, alcohol/smoking, glucose, drugs, JAK2 mutation (97% positive in PVer)	HCT >♂0.60 or ♀0.56 Recent thrombosis, neurological symptoms	Persistently elevated HCT ♂>0.51 or ♀>0.48 (nb lower if added iron deficiency). Associated itch or ↑WBC / Plts
Haemochromatosis/ Elevated ferritin	Inflammatory markers, alcohol status, liver tests, glucose, transferrin saturation.	Evidence of cardiac, liver or endocrine damage	Persistent unexplained raised ferritin, genetic counselling of relatives.
Haemoglobinopathy Sickle cell disease and thalassaemia	FBC, Hb Electrophoresis (essential), renal and liver function.	Acute presentation of severe pain, acute chest syndrome, stroke or priapism should be referred directly to A+E	Sickle cell disease (HbSS, HbSC, HbSBthalassaemia, HbSD, HbSE, HbS-OArab) B thalassaemia major B thalassaemia intermedia HbH disease
Lymphadenopathy	FBC, glandular fever, HIV test, monitoring	>1cm for >6 weeks; <6 weeks + B* symptoms; enlarging/>1 site, hepatosplenomegaly, abnormal FBC	Persistent lymphadenopathy not meeting urgent criteria
Lymphocytosis Lymphocytes >4 x10 ⁹ /L	Glandular fever screen if appropriate, repeat, smoking history	Anaemia, ↓ANC, ↓platelets, splenomegaly, painful /progressive lymphadenopathy, B* symptoms	Persistent lymphocytes > 5 x10 ⁹ /L, not meeting urgent criteria
Macrocytosis Treat B12/folate deficiency before referral. Uncomplex pernicious anaemia does not need review	Blood film/B12/folate (IF /coeliac antibodies if abnormal), alcohol/liver/thyroid screen	Associated neurological symptoms	Persistent unexplained MCV>105fl or ↓WBC or platelets. Suspected myelodysplasia
Neutropenia <1.5 x10 ⁹ /L (<0.8 in Afrocaribbeans)	Review ethnicity + drugs, blood film, autoimmune screen	Susceptibility to infection, associated pancytopenia	Unexplained and persistently low (nb <0.8 in Afrocaribbeans)
Neutrophilia >15 x10 ⁹ /L Eosinophilia >1.5 x10 ⁹ /L	Blood film, inflammatory markers, smoking /allergy/atopy status	Leucoerythroblastic film, ANC > 50 x10 ⁹ /L, AEC > 10 x10 ⁹ /L >100 or ↑viscosity by phone	Persistently unexplained WBC >20 x10 ⁹ /L, Neuts >15 x10 ⁹ /L Eosinophils >1.5 x10 ⁹ /L
Paraprotein disorders ie presence of monoclonal protein band on serum electrophoresis	FBC, renal and bone profile.	Presence of ↑calcium, ↑lymphs unexplained renal failure, bone pain or pathological #, ↑viscosity, enlarged spleen/lymph glands Suspected spinal cord compression by phone	Newly diagnosed paraprotein not meeting criteria for urgent referral
Thrombocytopenia Plts <150 (80 in Afrocaribbeans)	Blood film, autoimmune profile, alcohol history, drug review, HIV test, repeat for persistence	Plts <50 x10 ⁹ /L or 50-100 + other cytopenia, spleen/ lymph glands, pregnancy, surgery <20 /active bleeding by phone	Persistent <100 x10 ⁹ /L (<80 in Afrocaribbean); history of thrombosis
Thrombocytosis Plts >450 x10 ⁹ /L	Blood film, iron status, inflammatory markers	Plts >1000 x10 ⁹ /L or >600 recent thrombosis/bleed	Persistent unexplained plts >450 x10 ⁹ /L

*B symptoms >10% weight loss in 6 months, soaking sweats, unexplained fevers.