GP Referral Guidance for Haematology

East and North Hertfordshire Teaching NHS Trust

Thrombocytopenia

Key GP Notes

- Always exclude pseudothrombocytopenia before referral
- Bleeding risk increases as platelet count falls, particularly <50 × 10⁹/L
- Escalate promptly if new bleeding, thrombosis, or cytopenias develop

Thrombocytopenia - GP Assessment & Referral Flowchart:

Identify Thrombocytopenia
Platelet count >100 × 10⁹/L

↓

Exclude Artefact
- Review **blood film** for platelet clumping or alternative pathology
- If clumping suspected → **repeat using citrate sample** *(request "citrated platelet count")*

↓

Assess Platelet Level
Platelet count <50 × 10⁹/L
➡ Refer to general Haematology (urgent)
Platelet count 50 - 100 × 10⁹/L
➡ Continue assessment below

<50 × 10⁹/L → **Routine Haematology Referral**

↓ **50–100 × 10⁹/L**

Check for Associated High-Risk Features
Is thrombocytopenia (50 - 100 × 10⁹/L) associated with any of the following?
- Other cytopenias
- Splenomegaly
- Lymphadenopathy
- Pregnancy
- Upcoming surgery
- Bleeding
- Thrombosis

Yes → **Routine Haematology Referral**
➡ **If Pregnant:** refer to **Obstetric Haematology (Dr H Mitchell)**

Follow 2WW referral guidelines for any symptoms of Lymphoma/ Splenomegaly/ Pancytopenia

↓ **No**

Consider Secondary Causes
Investigate and manage as appropriate:
Haematinic deficiency
- Ferritin, vitamin B12, folate

Viral infection
- EBV, CMV, hepatitis B/C, HIV
- Immunoglobulins

Autoimmune disease
- ANA, RF
- Lupus anticoagulant
- Anticardiolipin antibodies

Other causes
- Medications
- Alcohol
- Liver disease / portal hypertension
- LFTs

→ Treat and manage the underlying condition

↓

Ongoing Management
- Monitor platelet count as clinically appropriate.
- **Refer to Haematology** if platelet count falls, symptoms develop, or additional abnormalities emerge

Emergency:
Any significant bruising, bleeding, haematomas, blood blisters, petechial rash- refer to A&E for urgent assessment and management