REFERRAL GUIDELINES



PLATELET COUNT LOW

Isolated low platelet count

Most patients
will be
asymptomatic
with plt count
>50 x 109/L

Discuss with on call haematologist urgently if platelet count ≤20 x 10⁹/L or active bleeding or evidence of microangiopathic haemolysis

Otherwise repeat to exclude a spurious result*

If not meeting urgent criteria:

Review medication, alcohol history, ?viral infection

Check (+/- treat):

- Blood film
- Vit B12/ folate/ LFT/ LDH
- ANA, Rheumatoid factor and anticardiolipin antibodies
- Consider HIV testing/ Hep B & C testing

Urgent clinical referral if:

- 20-30 x 10⁹/L and asymptomatic
- Other cytopenias, enlarged spleen or lymph nodes
- Thrombocytopenia with a history of thrombosis

Plt >30 and ≤50 x 109/L

Routine referral if asymptomatic (urgent referral if symptomatic)

PIt 51-100 x 109/L

Refer if symptomatic/ patient requires anticoagulation or antiplatelet drugs Otherwise monitor 6 monthly

 $PIt > 100 \times 10^{9}/L$

Refer if excessive bruising or bleeding Otherwise monitor annually

- *If platelet clumping send citrate sample (green top) clearly marked for FBC
- **Refer all patients who require surgery if platelet count <100 x 109/L
- **If patient is pregnant and platelet count <80 x 10⁹/L refer to Haem/Obs clinic

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Remains

low**

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