KING'S HEALTH PARTNERS - KCH QUICK GUIDE TO HAEMATOLOGY

PLEASE ENSURE ALL RELEVANT RESULTS ARE SENT WITH THE REFERRAL

For two week wait pathway, please continue to use existing documentation/pathways.
Telephone advice and guidance is also available via ConsultantConnect, and email advice and guidance via E-RS.
This guide does not yet cover thrombosis and haemostasis, please refer to the trust website for details on referrals to this service.

Version control:

There are two controlled versions of this document, one for GSTT and one for KCH. While the clinical content is the same, contact details/suggested clinics differ between the two versions. Any suggested amendments should be submitted to all the document owners:

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Version Control **GSTT Document**

Document name	**KHP-GSTT Quick Guide to Haematology v2**
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Related documents	King's Health Partners Haematology GP Referral Guide, Adult Haematology V2

Version Control KCH Document*

Version	QPulse Document Number	Change details	Change Owner	Active date
Version 1	PDC184: KHP-KCH Quick Guide: Joint Adult Haematology Referral	FINAL DRAFT	Robin Ireland	May 2018
Version 2		Review & update of suggested clinics for referrals **Polycythaemia** – Haematocrit raised/elevated level for males from 0.51 to 0.52 **Paraprotein** – SFLC ratio range additions	Mansour Ceesay	January 2022

*Version controlled via KCH Haematology QPulse system: please ensure subsequent revisions of this document are sent to the Haematology Clinical Quality Manager (Helena.munro@nhs.net). Controlled copy available Y:\Guidelines

Differences between KCH and GSTT versions:	Location
Version control details	Front page
Suggested clinic to refer to and contact details including suspected spinal cord compression pathway	In each section
Generic comments re Two Week Waits, ConsultantsConnect and Thrombosis/Haemostasis included in KCH version	Front page
Anaemia – 'B12 deficiency + no evidence of pernicious anaemia' removed from GSTT version	In section

QUICK GUIDE TO HAEMATOLOGY PLEASE ENSURE ALL RELEVANT RESULTS ARE SENT WITH THE REFERRAL

Referral category	Suggested tests	Criteria for urgent referral	Criteria for routine referral	Suggested clinic to refer to
Anaemia If Iron deficient refer to gastro-enterology, gynaecology or urology as appropriate	Detailed history including dietary, blood film, reticulocytes, haematinic assays, immunoglobulins and serum protein electrophoresis to assess for paraprotein, renal function	Leucoerythroblastic film, unexplained progressive symptomatic, enlarged spleen or lymph glands	Persistent unexplained anaemia, intolerance or suboptimal response to oral iron. B12 deficiency + no evidence of pernicious anaemia	General Haematology (KCH)
Erythrocytosis/ polycthaemia Is judged on basis of HCT or PCV.	Repeat blood test when non-fasted, alcohol/ smoking, glucose, drugs, JAK2 mutation (97% positive in PVera)	HCT ♂ >0.60 or ♀ >0.56 Recent thrombosis, neurological or visual symptoms	Persistently elevated HCT ♂ >0.52 or ♀ >0.48 (NB lower if associated iron deficiency). Associated itch or ↑WBC / Plts	Myeloproliferative Neoplasms (MPN) or General Haematology
Haemo-chromatosis/ Elevated ferritin	Detailed history and examination- transferrin saturation, HFE genotype, exclude neoplasia, inflammatory markers, Virology-hep B, C, HIV, alcohol status, liver profile, Metabolic syndrome – check BP, BMI, Cholesterol, triglycerides glucose/HBA1C, renal failure, thyrotoxicosis	Evidence of cardiac, liver or endocrine damage	Persistent unexplained raised ferritin, genetic counselling of relatives.	General Haematology Clinic
Haemoglobin-opathy 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, HbSB thalassaemia, HbSD, HbSE, HbS-OArab) B thalassaemia major B thalassaemia intermedia HbH disease	Adult Haemoglobinopathy clinic
Lymph-adenopathy	FBC, blood film, glandular fever, HIV test, monitoring	>1cm for >6 weeks; <6 weeks + B* symptoms; enlarging/>1 site, hepatosplenomegal, abnormal FBC	Persistent lymphadenopathy not meeting urgent criteria	Rapid Access Lump Clinic or Lymphoma Clinic
Lymphocytosis Lymphocytes >4 $x10^9$/L	Repeat FBC, Blood film, Glandular fever screen if appropriate, smoking history	Anaemia, ↓ANC, ↓platelets, splenomegaly, painful /progressive lymphadenopathy, B* symptoms	Persistent lymphocytes > 5 $x10^9$/L, not meeting urgent criteria	Lymphoma Clinic
Macrocytosis Treat B12/folate deficiency before referral. Uncomplicated pernicious anaemia does not need review	Blood film B12/folate (IF/coeliac antibodies if abnormal), alcohol/ liver/thyroid screen, serum protein electrophoresis review medications	Associated neurological symptoms	Persistent unexplained isolated MCV>105fl or MCV> 100fl *and* a cytopenia (hb< 100,↓WBC or platelets < 100). Suspected myelodysplasia	General Haematology Clinic or Myeloid clinic if suspected MDS

Referral category	Suggested tests	Criteria for urgent referral	Criteria for routine referral	Suggested clinic to refer to
Neutropenia <1.5 x10^9/L (<0.8 in African Caribbean)	Review ethnicity + drugs, blood film, haematinics, Virology-hepatitis B and C, HIV, autoimmune screen	Susceptibility to infection, associated pancytopenia	Unexplained and persistently <1.5 x10^9/L (NB <0.8 in African Caribbean)	General Haematology or Myeloid Clinic
Eosinophilia >1.5 x10^9/L	Blood film Inflammatory markers-CRP and ESR, renal, liver and bone profile LDH, Vitamin B12, Allergy/atopy status Stool cultures for parasites	Leucoerythroblastic film, ANC > 50 x10^9/L, AEC > 10 x10^9/L, Eosinophils >1.5 x10^9/L with evidence of organ damage	Eosinophils >1.5 x10^9/L	Myeloid Clinic
Neutrophilia/ leucocytosis >15 x10^9/L	Blood film, inflammatory markers, smoking	Leucoerythroblastic film, ANC > 50 x10^9/L, ***Please phone on call haem consultant via switchboard if ANC >100 or Symptomatic for ↑viscosity***	Persistently unexplained WBC >20 x10^9/L, Neuts >15 x10^9/L	General Haematology or Myeloid Clinic
Paraprotein disorders ie presence of monoclonal protein band on serum electrophoresis and/or raised serum free light chains with abnormal ratio and/or presence of urinary Bence jones proteins	FBC, renal and bone profile	Presence of ↑calcium, ↑lymphs unexplained renal failure, bone pain or pathological #, anaemia, enlarged spleen/lymph glands ***Suspected spinal cord compression by phone:*** *MSCC co-ordinator: 0203 2995468.* *OOH - on call KCH neurosurgical registrar: 0203 2994207* **Serum free light chain ratio (> 5.0)**	Newly diagnosed paraprotein not meeting criteria for urgent referral Abnormal serum free light chain ratio (in context of renal impairment serum free light chain ratio > 3.1)	Myeloma Clinic
Thrombo-cythaemia/ Thrombocytosis Plts >450 x10^9/L	Blood film, exclude iron deficiency with ferritin/iron studies, inflammatory markers	Plts >1000 x10^9/L or >600 recent thrombosis/bleed	Persistent unexplained plts >450 x10^9/L	Myeloproliferative Neoplasms (MPN) or General Haematology Clinic
Thrombo-cytopenia Plts <150 (80 in African Caribbean)	Blood film, repeat for persistence, autoimmune profile, haematinics, liver profile, alcohol history, drug review, HIV, hepatitis B and C test	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 African Caribbean); history of thrombosis	Thrombosis/haemostasis clinic for isolated thrombocytopenia. General Haematology Clinic if associated w anaemia/ neutropenia

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