

## Referral framework

All referrals will be assessed by the Visiting Consultant Haematologist.

Please contact Cancer Care Coordinator on 0427 064 367 for urgent reviews.

For advice after hours please contact Emergency Department Broken Hill

Send referral to...

Oncology Unit BHBH

Fax: 08 8080 1183

### Name of Clinical Condition

- Anaemia

### Indications for specialist referral

- Moderate anaemia (Hb < 110g/L) caused by suspected primary bone marrow pathology or of unknown aetiology

### Referral information required

- Duration of anaemia, serial FBC
- Symptoms, presence of red flags
- Presence of lymphadenopathy or hepatosplenomegaly
- Co-morbidities, medications, alcohol and drug history, relevant family history
- Dietary History
- Bleeding History
- Transfusion Requirements (if any)

### Investigations required

- FBC, film review, reticulocyte count
- EUC, Calcium, LFT, LDH, haptoglobin, TSH, CRP
- Iron studies, B12 (not required if done in past 12 months), folate
- Serum paraprotein, serum free light chains  
Coeliac screen if history is suggestive of celiac disease

### Initial management

- Repeat FBC in 1-4 weeks (depending on acuity of anaemia)
- If ferritin within normal range but transferrin saturation low, and/or if inflammation suspected, one-month trial of oral iron reasonable

### 'Red Flag' items

- Symptoms: Unintentional weight loss, fevers, night sweats, bone pains
- Blood film abnormalities - e.g dysplastic neutrophils, schistocytes etc.
- Concurrent thrombocytopenia/thrombocytosis, neutropenia or neutrophilia, monocytosis.
- Lymphadenopathy/hepatosplenomegaly



### How to access care in the event of a 'red flag'

- Send to ED for urgent review and for advice contact Cancer Care Coordinator on 0427 064367

### Please fax referral to

- Oncology Unit BHBH 08 8080 1183

### Other Information

- Iron deficiency anaemia is the most common cause of anaemia and referrals if indicated should be made to gastroenterology (or gynaecology if menorrhagia) rather than haematology.
- Referrals for iron infusions if needed could be made to General Medicine.
- Mild (Hb > 100-110), stable normocytic anaemia is much more commonly due to chronic disease/inflammation or renal disease rather than primary bone marrow pathology. Haematology referral not required if no other concerns.