

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 referral to 08 8080 1183

Name of Clinical Condition

- Neutropenia

Indications for specialist referral

- Presence of red flags
- New marked neutropaenia ($< 0.5 \times 10^9/L$) requires urgent referral (call RAH)
- Any mention of blasts on film review requires urgent referral (call RAH)
- Neutropenia with fever requires hospital admission for iv antibiotics
- Lymphocytopenia is not indication for haematology referral (see below)

Referral information required

- Duration of neutropenia, serial FBC
- Symptoms, presence of red flags
- Presence of lymphadenopathy/hepatosplenomegaly
- Frequency, severity and type of infections
- Medications, alcohol and drug history, relevant family history

Investigations required

- FBC, film review, reticulocyte count
- EUC, Calcium, LFT, LDH, Uric acid
- Flow cytometry immunophenotyping
- Autoimmune screen: ANA, ENA, dsDNA, ANCA, Rh factor
- Iron studies, B12 (not required if performed in past 12 months), folate
- Viral serology: HIV, HBV, HCV, EBV

Initial management

- Consider post-infectious and drug-induced neutropenia. Stop offending drugs if possible.

- Repeat FBE in 1-2 weeks for asymptomatic moderate neutropenia ($0.5-1.0 \times 10^9/L$)
- Repeat FBE in 2-4 weeks for asymptomatic mild neutropenia ($> 1.0 \times 10^9/L$)

'Red Flag' items

- Progressive, unexplained neutropenia $< 1.0 \times 10^9/L$
- Concurrent anaemia or thrombocytopenia; abnormal film review findings
- Constitutional symptoms: fevers, night sweats, unintentional weight loss
- Lymphadenopathy or hepatosplenomegaly
- Recurrent infections



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

- Mild neutropenia ($>1.0 \times 10^9/L$) which is non-progressive and isolated in a well patient with no other findings on FBE may not require haematology review. Monitor 3-monthly for the first year, then less often thereafter if stable.
- Lymphocytopenia is secondary to a myriad of conditions and is common in the elderly. It is rarely the primary manifestation of a haematological condition and does not require a haematology referral.