



LEUCOCYTOSIS GUIDELINE

GP REFERRAL GUIDELINE

DEFINITION

WCC > $10.5 \times 10^9/l$

Detection of leucocytosis should prompt scrutiny of the differential WCC, other FBC parameters and blood film examination.

DIFFERENTIALS

Primary –

- Haematological malignancies

Secondary –

- Infection, inflammation
- Smoking
- Cancers

Drugs –

- Steroids

URGENT REFERRAL

- Leucoerythroblastic blood picture (from blood film report)
- Unexplained leucocytosis with white cell count > $50 \times 10^9/l$
- Discuss urgently with the duty haematologist by telephone:
 - New suspected acute leukaemia
 - New suspected chronic myeloid leukaemia
 - The duty haematologist will contact the general practice following the results of FBC and blood film examination and arrange urgent patient assessment/admission

NOT MEETING URGENT REFERRAL CRITERIA

- Blood film with differential WCC
- Careful history and assessment for reactive causes: infection, inflammation or malignancy
- Examination for lymphadenopathy and/or splenomegaly
- Biochemistry
- Consider CXR

NON-URGENT REFERRAL

- Persistent (at least on two occasions 4-6 weeks apart), unexplained:
 - White cell count > $20 \times 10^9/l$
 - Neutrophilia > $15 \times 10^9/l$
 - Eosinophilia > $1.5 \times 10^9/l$
 - Monocytosis > $1.0 \times 10^9/l$
 - Blood film features indicating either dysplasia or primary myeloproliferative disease
- Please see separate guidelines for eosinophilia and monocytosis