



THROMBOCYTOPENIA GUIDELINE

GP REFERRAL GUIDELINE

DEFINITION

Platelet count $< 150 \times 10^9/l$

Most patients with platelets $> 50 \times 10^9/l$ are asymptomatic

Significant increased risk of spontaneous haemorrhage if platelets $< 20 \times 10^9/l$

DIFFERENTIALS

Bone marrow failure (aplasia, malignant infiltration, myelodysplasia, B12/folate deficiency)

Alcohol / liver disease

Sepsis / trauma

Congestive cardiac failure

ITP

TTP / HUS

Pregnancy (pre-eclampsia / HELLP)

Drugs:

- LMWH/Heparin (consider HIT)
- High dose antibiotics: penicillins/trimethoprim
- Proton pump inhibitors
- Cytotoxic agents
- Quinine sulphate
- Anti-epileptics
- NSAIDs

URGENT REFERRAL

- Platelet count $< 50 \times 10^9/l$
- Platelet count $50 - 100 \times 10^9/l$ in association with:
 - Other cytopenia (Hb $< 100 \text{ g/l}$, Neutrophils $< 1.8 \times 10^9/l$)
 - Splenomegaly
 - Lymphadenopathy
 - Pregnancy
 - Upcoming surgery
- Discuss with duty haematology to arrange appropriate direct assessment if:
 - Platelets $< 20 \times 10^9/l$ and/or active bleeding

NOT MEETING URGENT REFERRAL CRITERIA

Please assess and investigate:

- Blood film
- Alcohol history
- Consider discontinuation of potentially precipitating medications
- Renal and liver function
- BBV screen
- Clotting screen with d-dimers/DIC screen
- Citrated platelet count if platelet clumping
- B12 and folate levels
- TSH
- Autoantibody screen and immunoglobulin profile
- Repeat FBC in 4-6 weeks

NON-URGENT REFERRAL

- Persistent (on minimum of two occasions 4-6 weeks apart and no clumping noted on the blood film) *unexplained* thrombocytopenia $< 80 \times 10^9/l$