Laboratory Testing for Full Blood Count- Thrombocytopaenia v2

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Date

Background

A full blood count (FBC) is commonly requested at a general check-up and when patients complain of non-specific symptoms. Abnormalities are often non-specific and may not necessarily reflect haematological disorders. Results must be interpreted with reference to the clinical picture and other pathology results.

Thrombocytopenia is defined as a platelet count < $150 \times 10_9$ /l. Most patients with counts of > $50 \times 10_9$ /l are asymptomatic, with the risk of spontaneous haemorrhage increasing significantly below $20 \times 10_9$ /l.

Scope

The aim of this guideline is to provide guidance to GPs on when to refer patients with low platelets. These guidelines apply to adult, non-pregnant patients.

Key recommendations

- The finding of abnormalities in more than one lineage may be more significant than in a single lineage and may suggest a bone marrow cause.
- It is often appropriate to monitor the FBC for progression over time rather than referring a patient based on one abnormal result.
- Always consider early referral when the patient is unwell.

Referral guidelines

When to consider urgent referral to haematology

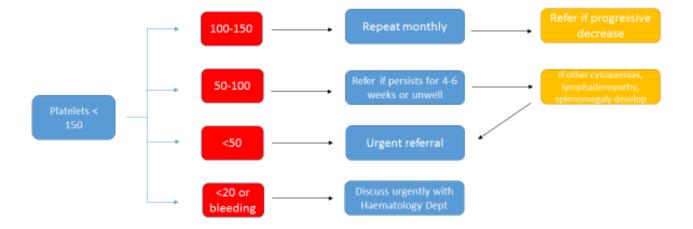
- Platelet count < 50 x 109/l
- Platelet count 50 100 x 109/l in association with: other cytopenia (Hb < 10g/dl, Neutrophils < 1 x 109/l), splenomegaly, lymphadenopathy, pregnancy

When to consider routine referral

 Persistent (at least on two occasions 4-6 weeks apart, no clumping noted on the blood film), unexplained thrombocytopenia < 100 x 109/l

Investigations to consider when urgent referral not deemed appropriate

- Blood film examination and reticulocyte count
- LFTs, LDH
- Ferritin, B12 and folate
- Immunoglobulins and protein electrophoresis
- Alcohol and medication history
- HIV/Hepatitis serology
- Repeat FBC in 4-6 weeks



References

- 1. NHS North Central London Abnormal FBC results guideline.
- 2. Basildon and Thurrock University Hospitals- Thrombocytopaenia GP referral guidelines.