Guidelines for GP referral and further investigations of patients with thrombocytopenia

Platelet count normal range is 150 – 450 x 10⁹/L
Thrombocytopenia is defined as a platelet count < 150 x 10⁹/L

**Patients not meeting criteria for urgent referral**

**Platelets not meeting criteria for urgent referral**

**Persistent$ unexplained Platelets < 100 x 10⁹/L**

**Platelets 50-100 x 10⁹/L in association with:**
- other cytopenia*
- splenomegaly / lymphadenopathy
- pregnancy
- upcoming surgery

**Platelets < 50 x 10⁹/L**

**Platelets <20 x 10⁹/L** OR active bleeding

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### Investigation in Primary Care

- Blood film examination – may exclude platelet clumping artefact
- B12 and folate levels
- Alcohol history
- Consider discontinuation of potential precipitating medications
- Repeat FBC in 4-6 weeks

### Refer to Haematology

### Refer Urgently for Outpatient Assessment

### Discuss with duty Haematologist to arrange appropriate direct assessment

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### Symptoms

Most patients with counts of >50 x 10⁹/L are asymptomatic, with the risk of spontaneous haemorrhage increasing significantly below 20 x 10⁹/L.

### What are the main causes of thrombocytopenia?

- Alcohol
- Drugs (please review patient drug history and refer to SPC for each drug)
- Sepsis
- Hypersplenism
- Disseminated intravascular coagulation (DIC)
- Immune peripheral consumption (ITP)
- Any cause of bone marrow failure (Aplasia, malignant infiltration, myelodysplasia, B12 / folate deficiency)
- Thrombotic Thrombocytopenic Purpura / Haemolytic Uraemic Syndrome

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*Cytopenia = (Hb < 10g/dL, Neutrophils < 1 x 10⁹/L)

$Persistent = at least on 2 occasions 4-6 weeks apart, no clumping on blood film

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