

# Haematology Critical Results Telephoning Criteria

These criteria are based on the initial markedly abnormal results, that may be life threatening or of immediate clinical significance, and should be telephoned at all times.

Subsequent results may be telephoned depending on particular change or deterioration as deemed significant by a qualified member of staff.

Other abnormal results for less frequently requested tests may be telephoned if considered significant by a qualified member of staff.

## 1. Full Blood Count

	Initial Result		Units	Notes
Haemoglobin	≤ 80	≥ 200	g/L	Check history
Haemoglobin	≤ 60		g/L	Unexplained cause
White cell count		≥ 100	x 10 <sup>9</sup> /L	Unexplained cause
Neutrophils	≤ 0.5		x 10 <sup>9</sup> /L	
Neutrophils - GPs	≤ 1.0		x 10 <sup>9</sup> /L	Unexplained cause, first occasion
Platelets	≤ 30	≥ 1000	x 10 <sup>9</sup> /L	

## 2. Peripheral blood film morphology review

- Blasts in the peripheral blood film on a patient not known to have a haematological malignancy
- Suspected microangiopathic haemolytic anaemia (fragments and low platelets) i.e.
  - Thrombotic Thrombocytopenic Purpura (TTP)
  - Haemolytic Uraemic Syndrome (HUS)
- Bi-cytopenias – i.e. any two different cell lines suppressed

## 3. Coagulation

	Initial Result		Units	Notes
INR		≥ 6.0		where patient on warfarin
APTT ratio		≥ 2.5		where patient is on heparin
Fibrinogen	≤ 1.5		mg/mL	

- All D Dimer GP requests which are above the cut off of 243ng/ml on patients <50 years and above the age adjusted cut off in patients >50 years of age.

## 4. Haemoglobinopathy screening:

Results are only telephoned in urgent pre-op requests for sickle solubility tests – positive

For further information, refer to individual process SOPs.