

Guidelines for GP referral and further investigations of patients with a Prolonged APTT

Is a Coagulation Screen Indicated??

Personal History suggestive of a bleeding disorder

Recurrent Epistaxis
Cutaneous bleeding / bruising (unusual sites), petechiae, haematoma without trauma
Bleeding after trivial injury e.g. shaving
Bleeding from oral cavity >10 mins, blood in sputum, swollen tongue / mouth
Unexplained GI bleeding (after endoscopy)
Unexplained haematuria
Menorrhagia**
Post partum bleeding >6/52
Returning to dentist after extractions
Always investigate infants

Liver Disease

Before commencing
Anticoagulant

Active unexplained
bleeding



Patient to attend
Phlebotomy at
Maidstone or
Tunbridge Wells
Hospitals for clotting
screen in Citrate tube

Contact on call
Consultant
Haematologist



1. If APTT >40s and bleeding history but not actively bleeding, please discuss via 'Advice and Guidance' and send 4 x citrate tubes with clinical details 'for investigation of prolonged APTT'
2. If APTT >40s but no bleeding, discuss via 'Advice and Guidance'
3. If APTT 37-40s but no bleeding, no further action required
4. If APTT normal but history suggestive of bleeding disorder, please refer to Haematology

** (NICE Guidelines) - Heavy menstrual bleeding since Menarche with family or personal history suggestive of a coagulation disorder. Changing towels/tampons 2hr+/ 7 days+, clots and flooding, interruption of ADLs