

## Guidelines for GP referral and further investigations of patients with thrombocytopenia

Platelet count normal range is  $150 - 450 \times 10^9/L$   
Thrombocytopenia is defined as a platelet count  $< 150 \times 10^9/L$

Platelets  $> 50 \times 10^9/L$   
No additional risks:

### Investigations in PrimaryCare:

- 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

Platelets  $< 50 \times 10^9/L$  or  
Platelets  $50-100 \times 10^9/L$  with  
additional risks as below:

- other cytopenia\*
- splenomegaly /lymphadenopathy
- pregnancy
- upcoming surgery
- On anticoagulation

Platelets  $< 20 \times 10^9/L$   
OR active bleeding

Discuss with on call  
Haematologist to arrange  
appropriate direct  
assessment

Urgent 2WW referral to Haematology

Platelets  $> 75 \times 10^9/L$

GP to check in 6 months' time

Persistent<sup>§</sup> unexplained  
Platelets  $< 75 \times 10^9/L$

Routine referral to  
Haematology

### Symptoms

Most patients with counts of  $> 50 \times 10^9/L$  are asymptomatic, with the risk of spontaneous haemorrhage increasing significantly below  $20 \times 10^9/L$ .

### 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

\*Cytopenia = (Hb  $< 10g/dL$ , Neutrophils  $< 1 \times 10^9/L$ )

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