

## NEUTROPENIA – GP REFERRAL GUIDELINES

### Introduction

Neutropenia is defined as a neutrophil count of less than  $2 \times 10^9/l$ . Please note, that the normal range for Africans/Afrocaribbeans is  $1.0-7.0 \times 10^9/l$ . Risk of infective complications is closely related to the depth of the neutropenia: a major increase in infections is seen with counts of  $<0.5 \times 10^9/l$  while some increased risk of infection is seen with counts of  $0.5-1 \times 10^9/l$ . Causes of neutropenia include viral infection, sepsis, drugs, autoimmune disorders and bone marrow failure due to aplasia, malignant infiltration or B12 / folate deficiency.

### The following should be referred urgently for outpatient assessment:

- Neutrophil count  $< 1 \times 10^9/l$
- Neutropenia in association with:
  - other cytopenia (Hb  $< 10g/dl$ , Platelets  $< 50 \times 10^9/l$ )
  - lymphadenopathy
  - splenomegaly

*Patients with active sepsis in association with unexplained neutropenia  $< 1 \times 10^9$  should be discussed with the duty haematologist to arrange appropriate direct assessment*

### Appropriate investigation in primary care for patients not meeting criteria for urgent referral:

- Blood film examination
- B12 and folate levels
- Autoimmune screen
- Consider discontinuation of potentially precipitating medications
- NB Normal neutrophil count often  $<2 \times 10^9/l$  in individuals of Afro-Caribbean or Middle Eastern origin
- Repeat FBC in 4-6 weeks – viral neutropenias are frequently transient

### Referral for specialist opinion should be considered for:

- Persistent ( at least on two occasions 4-6 weeks apart), unexplained neutropenia  $1 - 1.5 \times 10^9/l$