THROMBOCYTOPENIA – GP REFERRAL GUIDELINES

Introduction

Thrombocytopenia is defined as a platelet count < 150 x 10^9/l. Most patients with counts of > 50 x 10^9/l are asymptomatic, with the risk of spontaneous haemorrhage increasing significantly below 20 x 10^9/l. Differential diagnosis includes immune peripheral consumption (ITP), any cause of bone marrow failure (aplasia, malignant infiltration, myelodysplasia, B12 / folate deficiency), alcohol, drugs, sepsis, hypersplenism, disseminated intravascular coagulation (DIC) and TTP / HUS.

The following should be referred urgently for outpatient assessment:

- Platelet count < 50 x 10^9/l
- Platelet count 50 - 100 x 10^9/l in association with:
  - other cytopenia (Hb < 10g/dl, Neutrophils < 1 x 10^9/l)
  - splenomegaly
  - lymphadenopathy
  - pregnancy
  - upcoming surgery

Patients with platelets <20 x 10^9/l or active bleeding 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 – may exclude platelet clumping artefact
- B12 and folate levels
- Alcohol history
- Consider discontinuation of potentially precipitating medications
- Repeat FBC in 4-6 weeks

Referral for specialist opinion should be considered for:

- Persistent (at least on two occasions 4-6 weeks apart, no clumping noted on the blood film), unexplained thrombocytopenia < 80 x 10^9/l