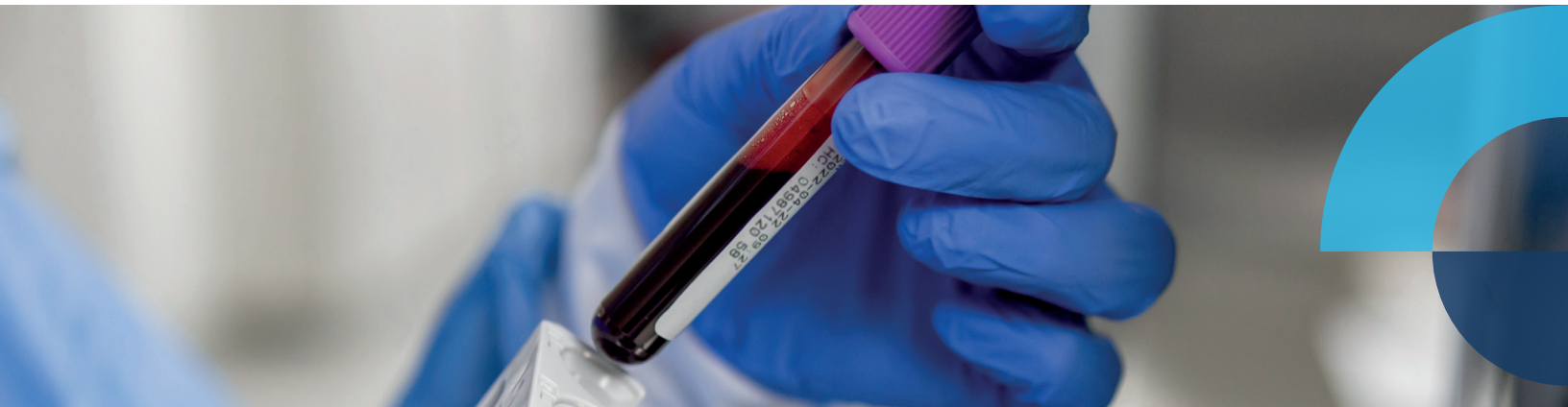


HEMATOLOGY REFERRAL GUIDELINES



CHIEF COMPLAINT AND DEFINITION	SUGGESTED LABS FROM REFERRING PROVIDER	URGENCY OF SCHEDULING
Anemia: low hemoglobin (Hgb)	Complete blood count (CBC)	Hgb 7-8: next 5 days
		Hgb<7: 48 hours
		Hgb >9: next available hematologist
		Hgb normal and concern for iron deficiency (low ferritin and/or elevated TIBC and/or low transferrin saturation), next available hematologist
		If hgb normal and all iron labs normal except low serum iron, discuss with HDD
Thrombocytopenia: low platelet (plt) count	CBC	Plts 50-150: next available hematologist
		Plts 30-50: schedule within 2 weeks
		Plts 20-30: schedule within 10 days
		Plts<20: schedule within 48 hours
		Bleeding regardless of plt count, discuss with HDD
Thrombocytosis: elevated plt count		Plt count 450-600, does not need Hematology appointment
		Plt count 600-800, next available hematologist
		Plt count >800,000, schedule within next 2 weeks
Low white blood cells/ neutropenia (low absolute neutrophil count= ANC) <i>(Continued on next page)</i>	CBC with differential (CBCd)	If total white blood cell count is mildly low (4000-5500) but differential (absolute neutrophil count, absolute lymphocyte count) normal, please contact HDD to discuss need for referral with referring provider
		ANC >1000, please contact HDD to discuss need for referral with referring provider
		ANC 500-1000, schedule with next available hematologist

HEMATOLOGY REFERRAL GUIDELINES

Continued

CHIEF COMPLAINT AND DEFINITION	SUGGESTED LABS FROM REFERRING PROVIDER	URGENCY OF SCHEDULING
Low white blood cells/ neutropenia (low absolute neutrophil count= ANC) <i>(Continued from previous page)</i>	CBC with differential (CBCd)	If ANC <500 and no history of recurrent bacterial infections and greater than 6 months of age, schedule within 4 weeks
		If ANC<500 and history of recurrent bacterial infections or <6 months of age, schedule within 2 weeks
		If low lymphocyte count only, please contact HDD to discuss need for referral with referring provider
Two or more cytopenias	CBCd	hgb≤8 and/or platelet count ≤50,000 and/or ANC≤500, schedule within 48 hours
		hgb 9-11 and/or platelet count 50,000-100,000 and/or ANC 500-1000, schedule within 5 days
		If all counts mildly decreased: hgb>11, platelets>100,000, ANC>1000, schedule within 2 weeks
Concern for a bleeding disorder: family history of bleeding or bleeding disorder (hemophilia, von Willebrand disease, factor deficiencies, platelet disorder), pre-surgical evaluation, personal bleeding symptoms	CBCd, PT, PTT	If referral for bleeding disorder evaluation prior to surgery, schedule in AM Coag clinic with NSAID restrictions, next available
		If referral for severe bleeding disorder such as severe hemophilia or factor deficiency, type 3 vWD, Glanzmann's thrombasthenia, schedule within 72 hours
		If heavy menstrual bleeding and anemia, please use anemia guidelines above for scheduling time frame for scheduling in Coag clinic
		If heavy menstrual bleeding without anemia, next available AM Coag appt, NSAID restrictions
		If concern for severe bleeding symptoms (daily nosebleeds>15 minutes, GI/GU bleeding), schedule within 2 weeks and make sure referring provider has obtained recent hemoglobin
		If post-operative bleeding, schedule in AM Coag appt with NSAID restrictions 4-6 weeks post-op

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HEMATOLOGY REFERRAL GUIDELINES

Continued

CHIEF COMPLAINT AND DEFINITION	SUGGESTED LABS FROM REFERRING PROVIDER	URGENCY OF SCHEDULING
Concern for a clotting disorder: family history or personal history of factor V leiden, prothrombin gene mutation, protein C or S deficiency, Antithrombin deficiency, personal history of blood clot, family history of blood clots		If family history of clots or concern for/ diagnosis of a clotting disorder, schedule in next available Coag appointment
	Medical records including all labs and imaging for clot diagnosis	If new clot diagnosed at outside institution, ensure patient started on anticoagulation and schedule in Coag appointment within 48 hours
		If concern for clot and has not had evaluation with imaging, instruct referring doctor to send to ED for further evaluation
Sickle Cell Trait: FAS on newborn screen or hemoglobin electrophoresis confirming sickle cell trait	Newborn screen, hemoglobin electrophoresis	Contact referring provider and refer to our website to give family education; If referring provider uncomfortable with that plan, next available hematologist
Sickle Cell Disease: newborn screen concerning for sickle cell disease or established history of sickle cell disease	Hemoglobin electrophoresis, CBCd	Send to Sickle Cell team for scheduling
Thalassemia Trait: alpha thalassemia minor/trait, beta thalassemia minor/trait	CBCd, ferritin, hemoglobin electrophoresis, newborn screen (if available)	Next available hematologist
Other traits (hemoglobin C trait, hemoglobin D trait, hemoglobin E trait)	CBCd, hemoglobin electrophoresis, newborn screen (if available)	Provide education, no hematology appointment needed
Hemoglobinopathies such as hemoglobin C, D, or E disease	CBCd, hemoglobin electrophoresis, newborn screen (if available)	Next available hematologist
Thalassemia Minor (hemoglobin H disease, beta thalassemia intermedia/major)	CBCd, hemoglobin electrophoresis, newborn screen (if available)	Discuss with HDD to schedule
Hyperbilirubinemia at birth (elevated bilirubin in newborn)	CBCd, hepatic function panel, reticulocyte count, peripheral smear (if available)	If hgb normal, no history of transfusions, schedule at 6 months of age
		If anemic and/or required transfusions, schedule within 1 week post-hospital discharge
Autoimmune hemolytic anemia (anemia with a positive DAT)	CBCd, hepatic function panel, reticulocyte count, type and cross	Discuss need for ED evaluation vs. clinic scheduling with HDD
G6PD deficiency	CBCd, hepatic function panel, reticulocyte count, G6PD testing (if available)	Use anemia guidelines above for scheduling

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HEMATOLOGY REFERRAL GUIDELINES

Continued

CHIEF COMPLAINT AND DEFINITION	SUGGESTED LABS FROM REFERRING PROVIDER	URGENCY OF SCHEDULING
Pyruvate kinase deficiency	CBCd, hepatic function panel, reticulocyte count, PK testing (if available)	Use anemia guidelines above for scheduling
Polycythemia: elevated hgb or hematocrit as defined by: For males>12: hgb>16.5 or hct>49% For females>12: hgb >16 or hct >48% Children<12, hgb or hct greater than the upper limit of reference range	CBCd, BMP, hepatic function panel	Hgb 16-18, Hct 48-52%, next available hematologist
		Hgb>18, Hct >52%, schedule within 14 days
		Elevated hgb and or hct with any neurologic symptoms (severe headache, syncope, thrombosis, etc), discuss with HDD

**As a reminder, lymphadenopathy, elevated eosinophils, elevated white blood cell count, are all Onc referrals*

