NEUTROPENIA – GP REFERRAL GUIDELINES

Introduction

Neutropenia is defined as a neutrophil count of less than 2 x 10^9/l. Please note, that the normal range for Africans/Afrocaribbeans is 1.0-7.0 x 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 x 10^9/l while some increased risk of infection is seen with counts of 0.5-1 x 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 x 10^9/l
- Neutropenia in association with:
  - other cytopenia (Hb < 10g/dl, Platelets < 50 x 10^9/l)
  - lymphadenopathy
  - splenomegaly

Patients with active sepsis in association with unexplained neutropenia < 1 x 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 x 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 x 10^9/l