Haematology Specialist Clinics at Western Health:

Western Health provides Specialist Clinics for patients who require assessment and management of Haematology conditions. Patients will be triaged by Consultant Haematologists according to specific clinical requirements.

Alarm Symptoms:

The following alarm symptoms should trigger an immediate referral to an Emergency Department:

- Patients presenting with significant bleeding
- Patients with severe thrombocytopenia (< 10 x 10^9/L)

Access & Referral Priority Haematology:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT **Appointment timeframe 30 days**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
NEUTROPENIA: • Level of neutrophils <0.5 x 10^9/L **THROMBOCYTOPENIA:** • If any significant bleeding, request immediate haematology assessment.	**NEUTROPENIA:** • Level of neutrophils 0.5 – 1.5 x 10^9/L – include evidence that levels between these ranges have been detected on more than one occasion. **THROMBOCYTOPENIA:** • If platelet count < 80 x 10^9/L **LYMPHOCYTOSIS** • Persistent lymphocytosis and lymphocyte immunophenotyping confirm a clonal population **ELEVATED SERUM FERRITIN** • Ferritin > 300 **IRON DEFICIENCY ANAEMIA** • Ferritin < 30ug/L • Ferritin 30-110ug/L + evidence of systemic inflammation • Contraindication to oral iron e.g. previous side effects • Known malabsorption syndrome

Date: October 2024
Review Date: October 2027

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Required Clinical Investigations:
Neutropenia Practice notes: Levels ≥1.5 x 10^9/L suggested management as per guidelines detailed in HealthPathways.	• <0.5 x 10^9/L – refer immediately • 0.5 – 1.5 x 10^9/L – include evidence that levels between these ranges have been detected on more than one occasion.	• FBE documenting neutropenia including available past results • Antinuclear Antibody • Rheumatoid Factor • Serum protein electrophoresis • Liver Function Tests • HIV/Hep B and Hep C serology • Vitamin B12 and folate
Iron Deficiency Anaemia Ferritin <30ug/L or 30-100ug/L and evidence of systemic inflammation. Practice notes: Consider Gastroscopy/ Colonoscopy if no other causes or iron deficiency is present e.g. menorrhagia, especially if there are symptoms or signs of GI malignancy or GI bleeding Oral iron therapy trial of Maltofer® (iron polymaltose) may be appropriate if oral supplements cause side effects If ferritin >100ug/L & Hb <110g/L, consider other causes of anaemia e.g. B12/Folate deficiency, anaemia of chronic disease	• Clinical history including any malabsorption syndromes e.g. active inflammatory bowel disease, coeliac disease • Current medication list • Details of smoking, alcohol or other substance use • Details of contraindication to oral iron, or details of investigated cause of iron deficiency- bleeding or malabsorption	• Iron Studies • Full Blood Examination • Details of gastroscopy/ Colonoscopy if no other causes or iron deficiency is present
Thrombocytopenia Practice notes: See thrombocytopaenia clinical management outlined below or refer to Health Pathways Melbourne.	• Clinical history including bleeding symptoms • Details of recent viral illness, night sweats, weight loss, arthralgia and rashes • Family history especially if low platelets, bruising or bleeding • Nutritional and alcohol history • Examination findings noting: • Lymphadenopathy and/or hepatosplenomegaly • Skin for sites of bleeding. CNS bleeding is the most common cause of death in severe thrombocytopenia	• Platelet count • Coagulation screen • Liver function including gamma-glutamyl transferase • Serum B12 and folate • HIV serology (low platelet may be the only feature in early disease) • Anti-nuclear factor

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Thrombocytopenia Clinical Management:

Clinical considerations for platelet count levels:

- Levels 50 to 150 no risk of bleeding.
- Levels 30 to 50 rarely causes bleeding even with trauma.
- Levels 10 to 30 may cause bleeding with trauma but is unusual with normal day to day activity. Many patients are asymptomatic.
- Levels < 10 may have spontaneous bruising or bleeding. Many are still asymptomatic.

Other:

- Bleeding risk is also dependent on whether other parts of the haemostatic process are involved e.g., coagulation factor abnormalities in liver disease.
- Also known as Thrombopenia.
- A low platelet count (< 150 x 10^9/L) is extremely common in clinical practice.