Blood Disorders Day

Thrombocytopenia

CancerCare Manitoba
ActionCancerManitoba

Thrombocytopenia*
(platelet <150 x 10^9/L)
REVIEW BLOOD FILM COMMENTS IF PRESENT

EMERGENT REFERRAL
(Page Hematologist On-call)
» Schistocytes
» Blasts
» Platelets <30 (or <50 x 10^9/L if on anticoagulant)
» Active bleeding

***ALL patient with thrombocytopenia require HIV and Hepatitis B and C serology**

Other cell lines involved?

- YES
  - Pancytopenia → See pancytopenia algorithm
  - Anemia → **Order ALL to assess hemolysis:** LDH, total and direct bilirubin, peripheral blood film, haptoglobin, direct antiglobulin test (DAT)
    - Hemolysis present → **Page hematologist on-call**
    - Hemolysis absent (LDH, bilirubin, haptoglobin normal) → See anemia algorithm
  - Leukopenia → Splenomegaly?
    - YES → See splenomegaly algorithm
    - NO → **Refer to Hematology**
- NO
  - Platelet clumping / satellitism?
    - YES → Pseudothrombocytopenia No referral required
    - NO → **Consider differential diagnosis:**
      » Immune thrombocytopenia (ITP)
      » Binge alcohol use
      » Infection (order HIV, Hepatitis B and C serology)
      » Splenomegaly (see splenomegaly algorithm)
      » Gestational (typically >70-100)
      » Congenital
      » Drugs (rare)
      » Myelodysplastic syndrome
      → If first occurrence and platelets >50 x 10^9/L, repeat CBC in 2-4 weeks
      → **Refer to Hematology**
      If isolated mild thrombocytopenia (>100 x 10^9/L) consider monitoring and refer to hematology when platelets persistently <100 x 10^9/L

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Pathways are subject to clinical judgement and actual practice patterns may not always follow the proposed steps in this pathway.

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