

# Guidelines for GP referral and further investigations of patients with Leucocytosis

WBC > 15 x 10<sup>9</sup>/L

## Causes to consider:

1. Reactive causes - Infection (Viral, bacterial, others); Inflammation, Autoimmune, Stress (trauma, cardiac, extreme exercise), Endocrine (Addison's disease, hyperthyroidism, Hypopituitarism), smoking
2. Drugs – Steroids
3. Haematological malignancy

(#See separate guidelines for Lymphocytosis, eosinophilia, and monocytosis)

- History to rule out reactive causes or drugs
- Clinical examination for presence of organomegaly and lymphadenopathy
- Investigations – FBC with differentials#, blood film, LFT, RFT, LDH, CRP
- Consider CXR

New suspected leukaemia (blast in blood film)  
New suspected chronic leukaemia with either  
WBC >100 x 10<sup>9</sup>/L or symptoms of  
hyperviscosity (headache, visual  
disturbances/thrombosis)

Urgent referral to A & E  
Inform Haematology team

Leucoerythroblastic blood  
picture (blood film)  
Unexplained increased WBC  
>50 x 10<sup>9</sup>/L

Consider discussion  
with Haematology

Unexplained increased WBC  
>20 x 10<sup>9</sup>/L in otherwise  
asymptomatic patient  
Repeat after 6 weeks

If persistent elevation WBC >20 x 10<sup>9</sup>/L

Discuss with Haematology via 'Advice  
and Guidance'