

Guidelines for GP referral and further investigations of patients with monocytosis

Absolute monocyte count > 1.0 x 10⁹/L

- New onset monocytosis with extremely high WBC (>80 x 10⁹/L)
- Monocytosis with blasts in blood film

Urgent contact to Hematologist and refer to A & E

- Monocyte count > 2.0 x 10⁹/L, repeat after 6 weeks
- Monocyte count > 1.5 x 10⁹/L, but < 2.0 x 10⁹/L, repeat after 6 weeks

Persistent

Resolved

**Blood film
CRP/ESR**

No further investigations required

**Persistent unexplained monocytosis
Abnormal FBC/blood film**

Clear cause

**Discuss with Haematology via
'Advice and Guidance'**

**Treat underlying causes and
monitor to ensure resolves**

- Causes of monocytosis:**
- Infection: TB/endocarditis
 - Chronic inflammation/rheumatological condition: SLE/Rheumatoid arthritis/temporal arteritis
 - Drugs: Steroids with neutrophilia
 - Myelodysplasia/myeloproliferative disorders: CMML
 - Malignancy
 - Pseudomonocytosis: Storage disease