

Guidelines for GP referral and further investigations of patients with Pancytopenia

Pancytopenia (Hb<100, ANC<1.5 and platelet <50)

History and examinations to evaluate the causes
Reticulocyte counts and blood film examination if not already done
Vit B12 and Folate
U+E and LFT
CRP, ESR
Bone profile
Serum electrophoresis and serum-free light chains

Clear cause

Treat underlying causes and monitor to ensure resolves

Non-severe
No clear causes

Routine referral to
Haematology

*Severe features present
But clinically stable

?Possible reversible causes

No

2WW Haematology referral
with weekly monitoring of
clinical condition and FBC

Yes

Treat and monitor

Unwell/febrile/other clinical
concerns
Blood film shows evidence of
DIC/blast/leucoerythroblastic
pictures

Contact Haematology urgently

*Severe features: If any of the following Reticulocyte count <60, ANC<0.5, platelet <20

Causes of Pancytopenia:

- Haematinics deficiency i.e. Vit B12/Folate deficiency
- Drugs i.e. Methotrexate and metabolic/toxins i.e. excess zinc intake, alcoholism, solvents, storage disorders, anorexia
- Infections i.e. sepsis, viruses, mycobacterial
- Malignancy i.e. leukaemia, lymphoma, metastatic tumors or myelofibrosis
- Acquired or inherited bone marrow failure syndrome – least common