

# HAEMATOLOGY GP Pathway Guides

V.4 March2026



Please note: these guidelines are specific to MFT. While local guidelines are similar across Manchester, please refer to local policy

# Contents

1. Lymphadenopathy
2. Splenomegaly
3. Lymphocytosis
4. Lymphopenia
5. Neutropenia
6. Neutrophilia
7. Eosinophilia
8. Polycythaemia
9. Thrombocytosis
10. Thrombocytopenia
11. Paraprotein/ serum free light chains
12. Microcytic anaemia
13. Normocytic Anaemia
14. Macrocytosis
15. Pancytopenia
16. Hyperferritinaemia
17. Easy bruising



## B Symptoms

- Weight loss >10% over 6 months
- Drenching sweats,
- Unexplained fever >38°C

## Lymphadenopathy

Lymphadenopathy- look for causes

### Lymphadenopathy associated with:

- B symptoms
- Liver and spleen enlargement
- Rapidly increasing in size
- Generalised lymphadenopathy
- Cytopenias

Refer to Haematology on urgent (suspected cancer) pathway

Localised unexplained adenopathy  
OR  
Concerns of metastatic node

Appropriate referral to surgical team or ENT for biopsy/ radiological biopsy (US or CT guidance)

## Causes:

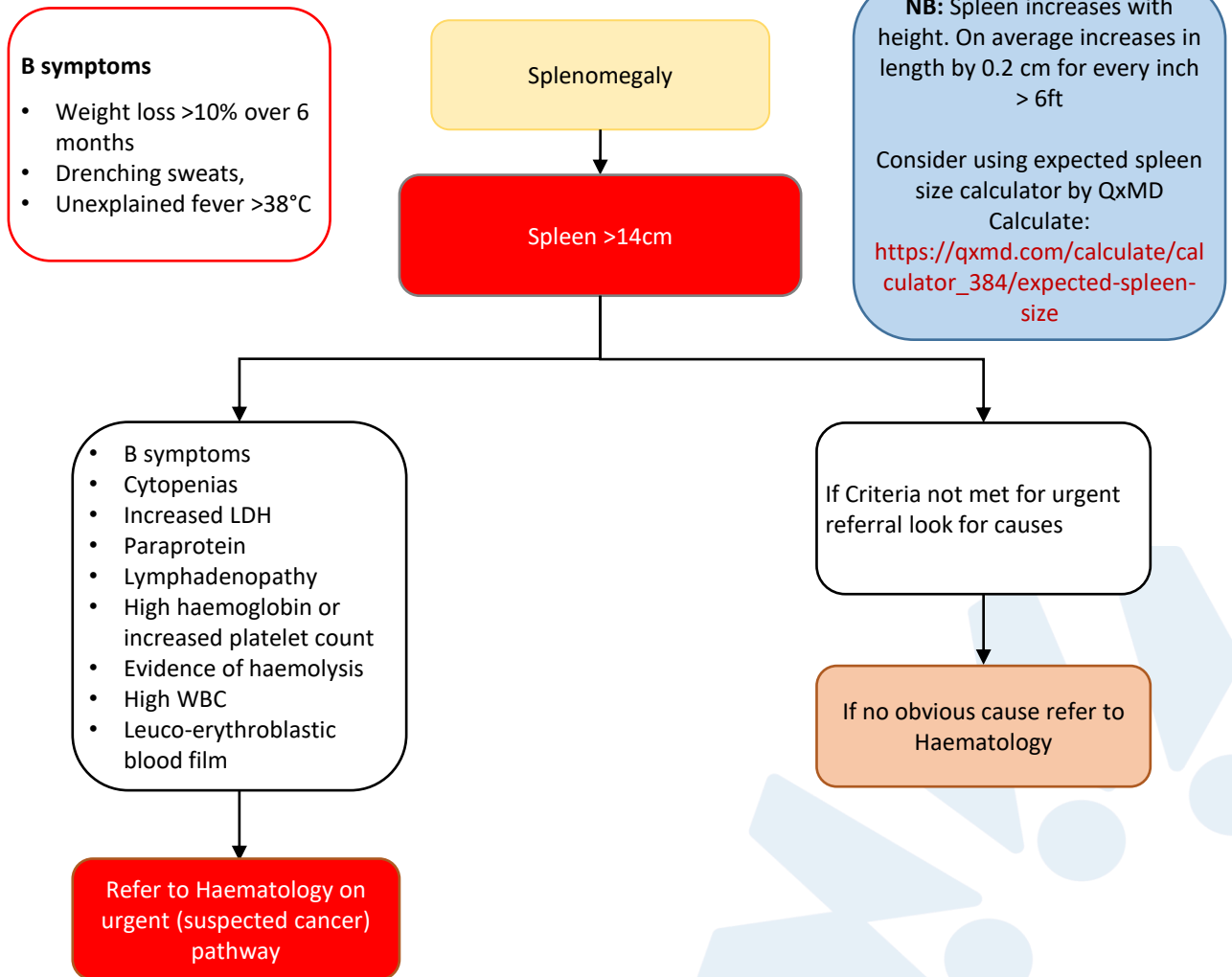
- Acute and chronic bacterial infections
- Syphilis
- Auto immune conditions
- Malignancy (haematological/ metastatic)
- Viral infections (including HIV, EBV, CMV)

Patient Information  
TBC

Referral Proforma  
TBC

Local Guidance  
TBC

National Guidance  
TBC



**Recommended tests pre referral**

- FBC
- Viral screen- HIV, EBV
- Autoimmune screen
- Ultrasound abdomen (if not performed)

**Other Causes**

- Infections – Viral (HIV, EBV, CMV) and parasitic
- Liver: Alcohol, chronic liver disease
- Cardiac failure
- Autoimmune: sarcoid, SLE, rheumatoid arthritis
- Lymphoproliferative disorders
- Myeloproliferative disorders (such as CML or myeloproliferative disorders)
- Haemolysis

**Patient Information**  
TBC

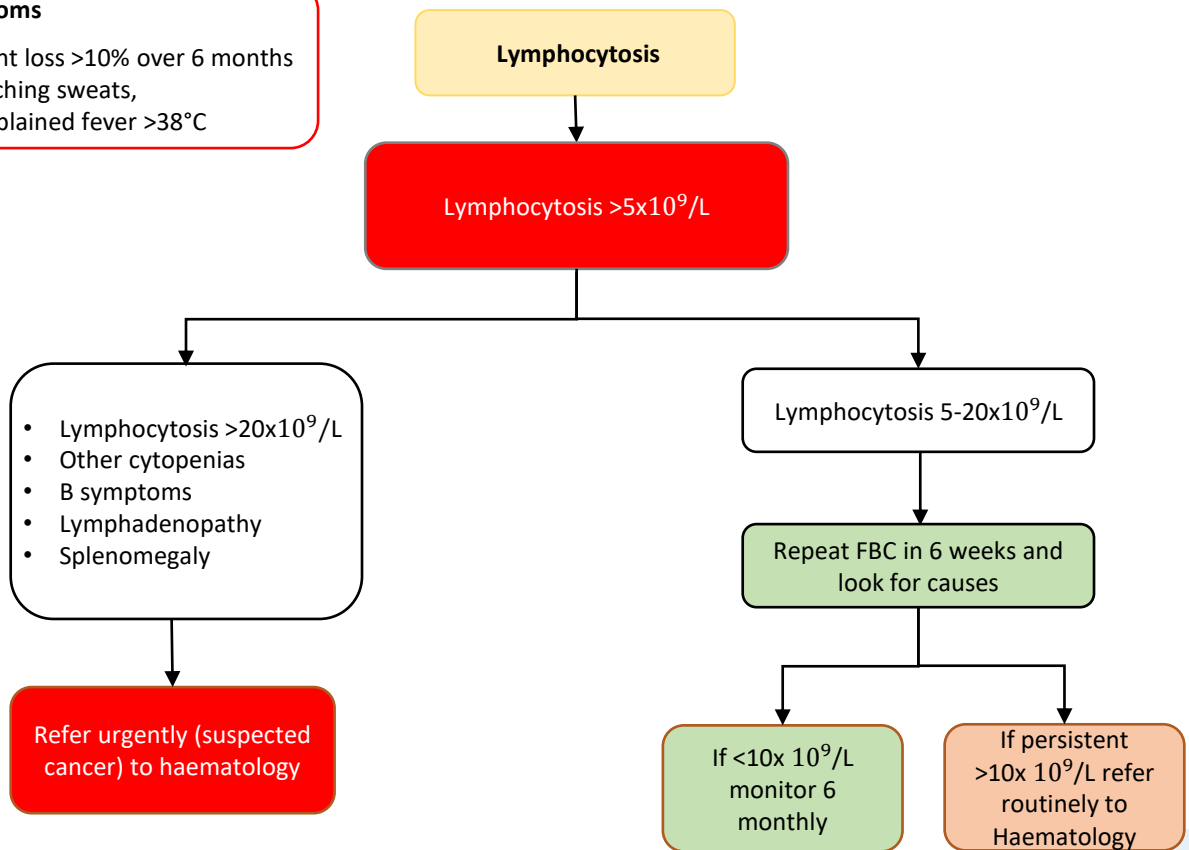
**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC

### B Symptoms

- Weight loss >10% over 6 months
- Drenching sweats,
- Unexplained fever >38°C



### Causes:

- Smoking
- Viral infections especially Glandular fever (EBV)
- Lymphoproliferative disorders (such as CLL)
- Bacterial infections
- Post-splenectomy
- Rheumatoid arthritis

**Patient Information**  
TBC

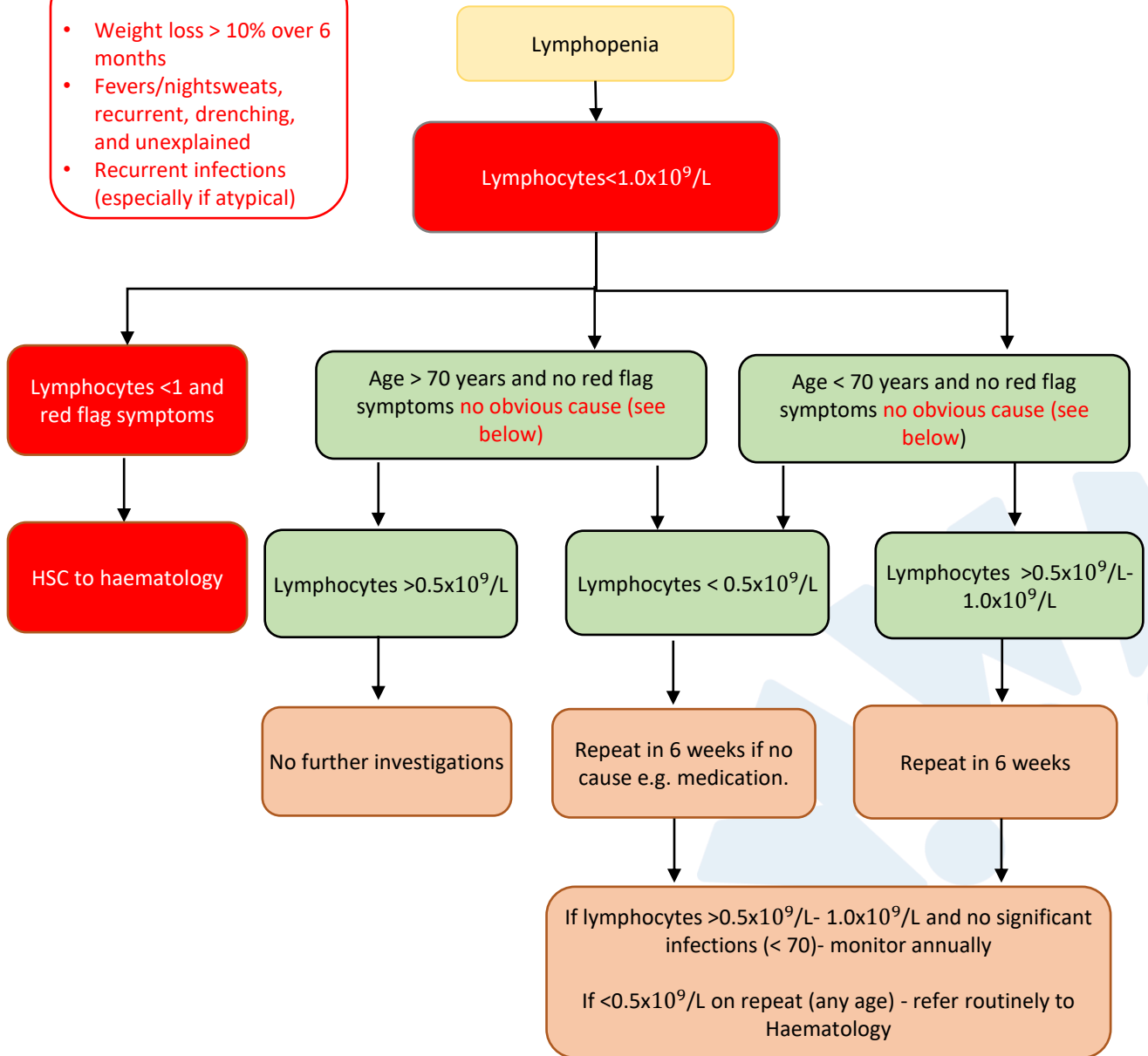
**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC

### Red Flag signs

- Weight loss > 10% over 6 months
- Fevers/night sweats, recurrent, drenching, and unexplained
- Recurrent infections (especially if atypical)



### Causes:

- Elderly patients (>70 years)
- Infections including HIV, hepatitis B and C
- Excess alcohol
- Malnutrition
- Medications: steroids, chemotherapy
- Systemic immune conditions: SLE, rheumatoid arthritis, Sjogren's
- Systemic illness: renal, cardiac, liver failure, malignancy
- Lymphoma

Patient Information  
TBC

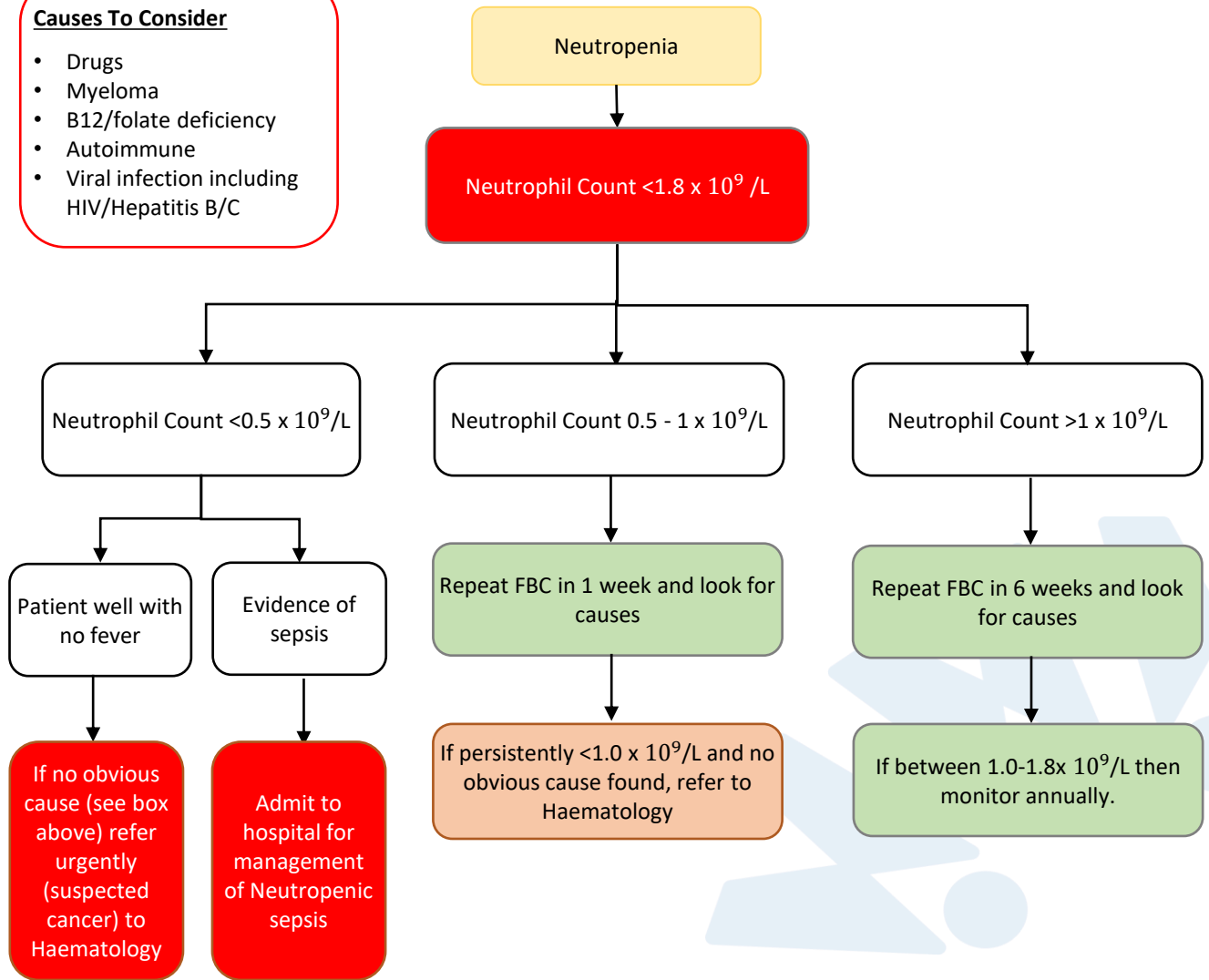
Referral Proforma  
TBC

Local Guidance  
TBC

National Guidance  
TBC

## Causes To Consider

- Drugs
- Myeloma
- B12/folate deficiency
- Autoimmune
- Viral infection including HIV/Hepatitis B/C



## Note:

- A neutrophil count of between  $1.5 - 2.0 \times 10^9 /l$  whilst below the normal range is unlikely to be of any clinical significance.
- People of Afro-Caribbean or Middle Eastern ethnicity have a lower normal range for the neutrophil count (Duffy Null neutropenia- previously known as constitutional or ethnic neutropenia)  $1 - 1.8 \times 10^9 /l$ . This is of no clinical consequence. Only refer if their neutrophils are persistently below **1 for more than 3 months or infective issues.**

Patient Information  
TBC

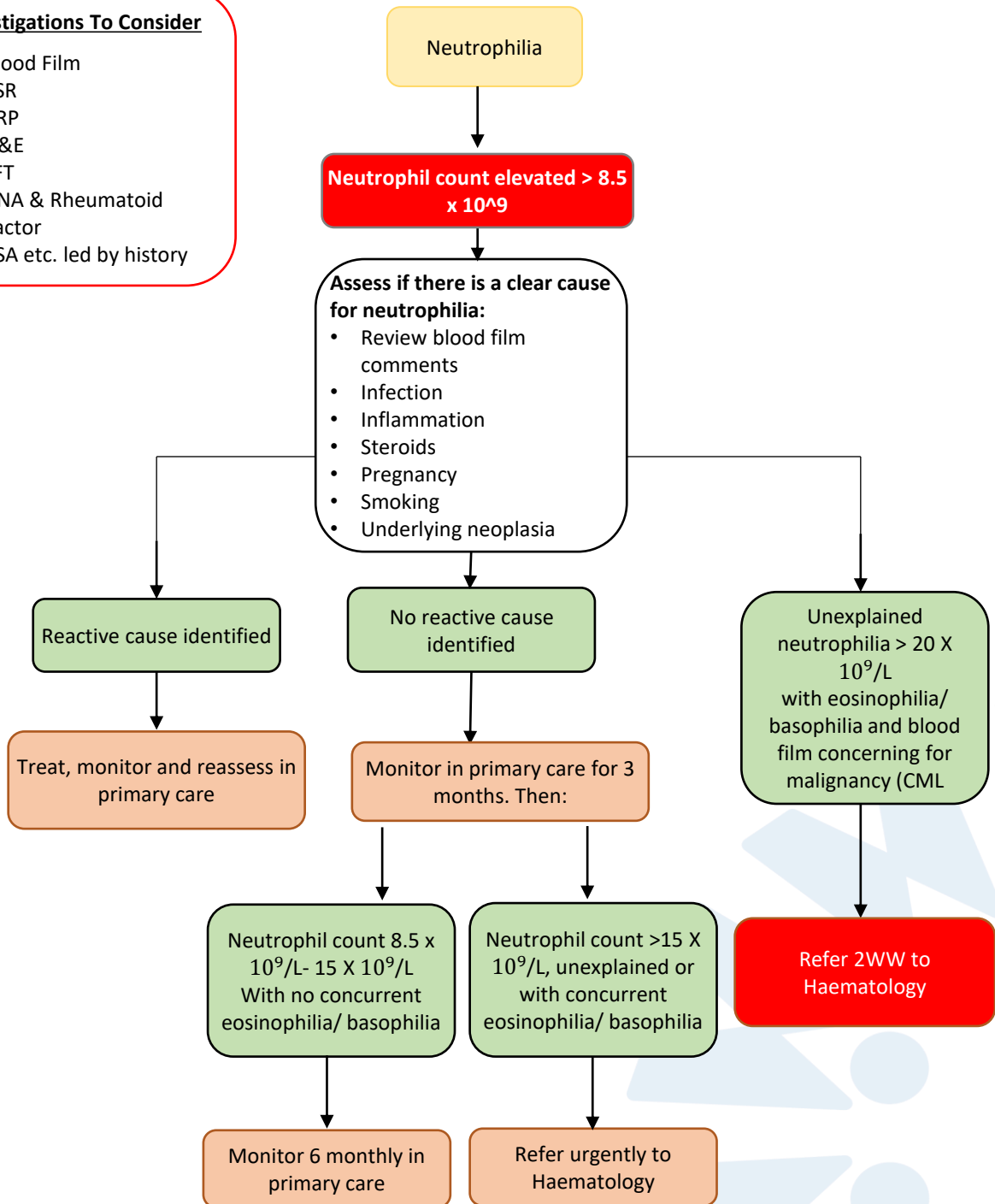
Referral Proforma  
TBC

Local Guidance  
TBC

National Guidance  
TBC

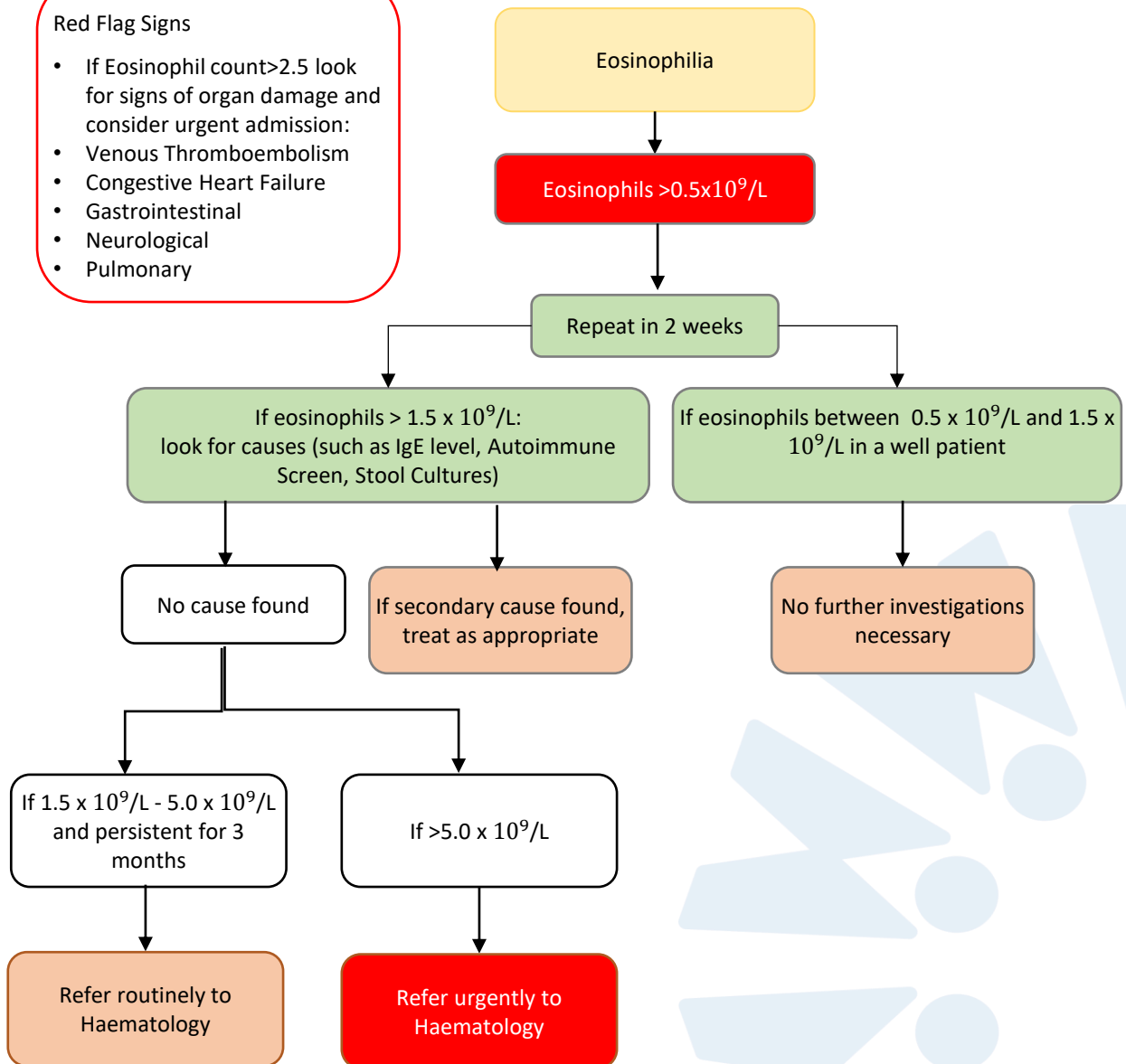
## Investigations To Consider

- Blood Film
- ESR
- CRP
- U&E
- LFT
- ANA & Rheumatoid Factor
- PSA etc. led by history



## Red Flag Signs

- If Eosinophil count > 2.5 look for signs of organ damage and consider urgent admission:
- Venous Thromboembolism
- Congestive Heart Failure
- Gastrointestinal
- Neurological
- Pulmonary



## Causes

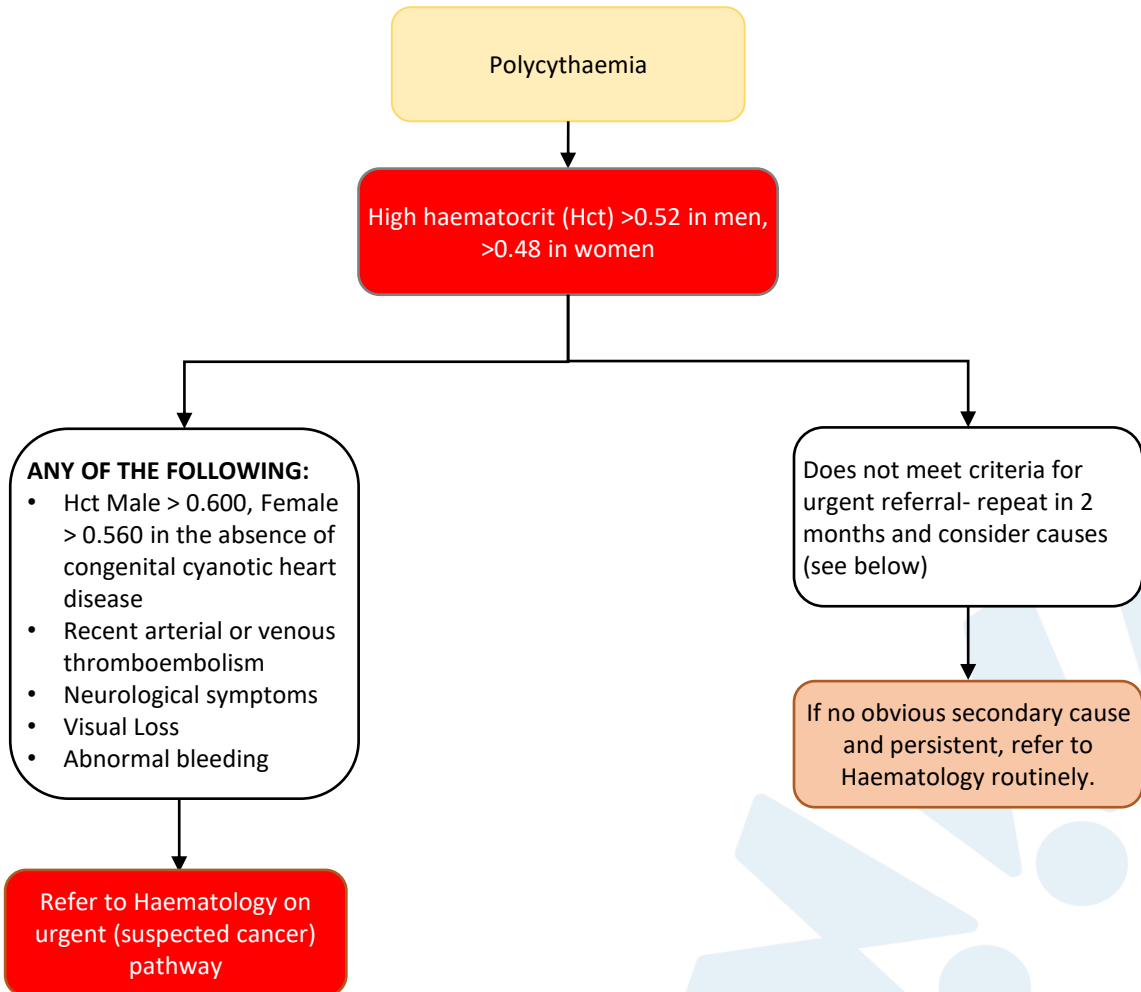
- **Allergy/ atopy:** Asthma / atopic dermatitis / acute urticarial
- **Infections:** especially those due to parasites (most commonly helminthes - hookworm, schistosomiasis - but also giardiasis or other protozoal infections and strongyloides)
- **Drugs:** (penicillins, carbamazepine, sulphonamides are common but any drug is a possible cause)
- **Connective tissue disease** (rheumatoid arthritis, polyarteritis nodosa, Wegener's granulomatosis)
- **Solid malignancy** (breast, renal and lung cancer)
- **Respiratory disease** (Churg-Strauss syndrome, bronchiectasis, cystic fibrosis)
- **Haematological malignancy:** Myeloproliferative disorders

Patient Information  
TBC

Referral Proforma  
TBC

Local Guidance  
TBC

National Guidance  
TBC



### Causes

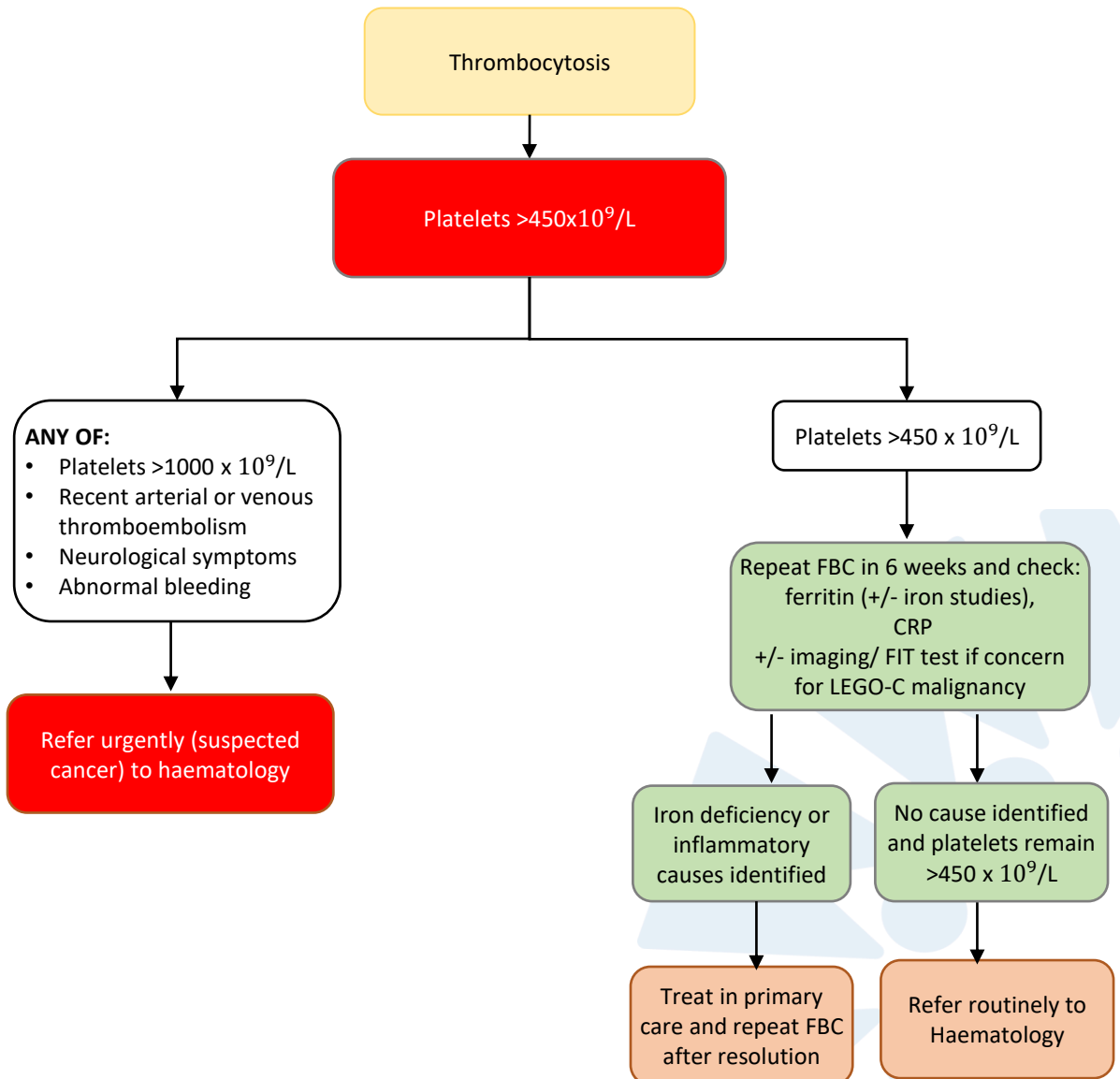
- **Drugs** – diuretics, testosterone, anabolic steroids, SGLT2i
- **Lifestyle choices** -smoking, alcohol
- **Hypoxia**- if oxygen sats < 94% in patient with known lung disease (e.g. COPD) consider monitoring in primary care and optimizing medications

Patient Information  
TBC

Referral Proforma  
TBC

Local Guidance  
TBC

National Guidance  
TBC



### Causes

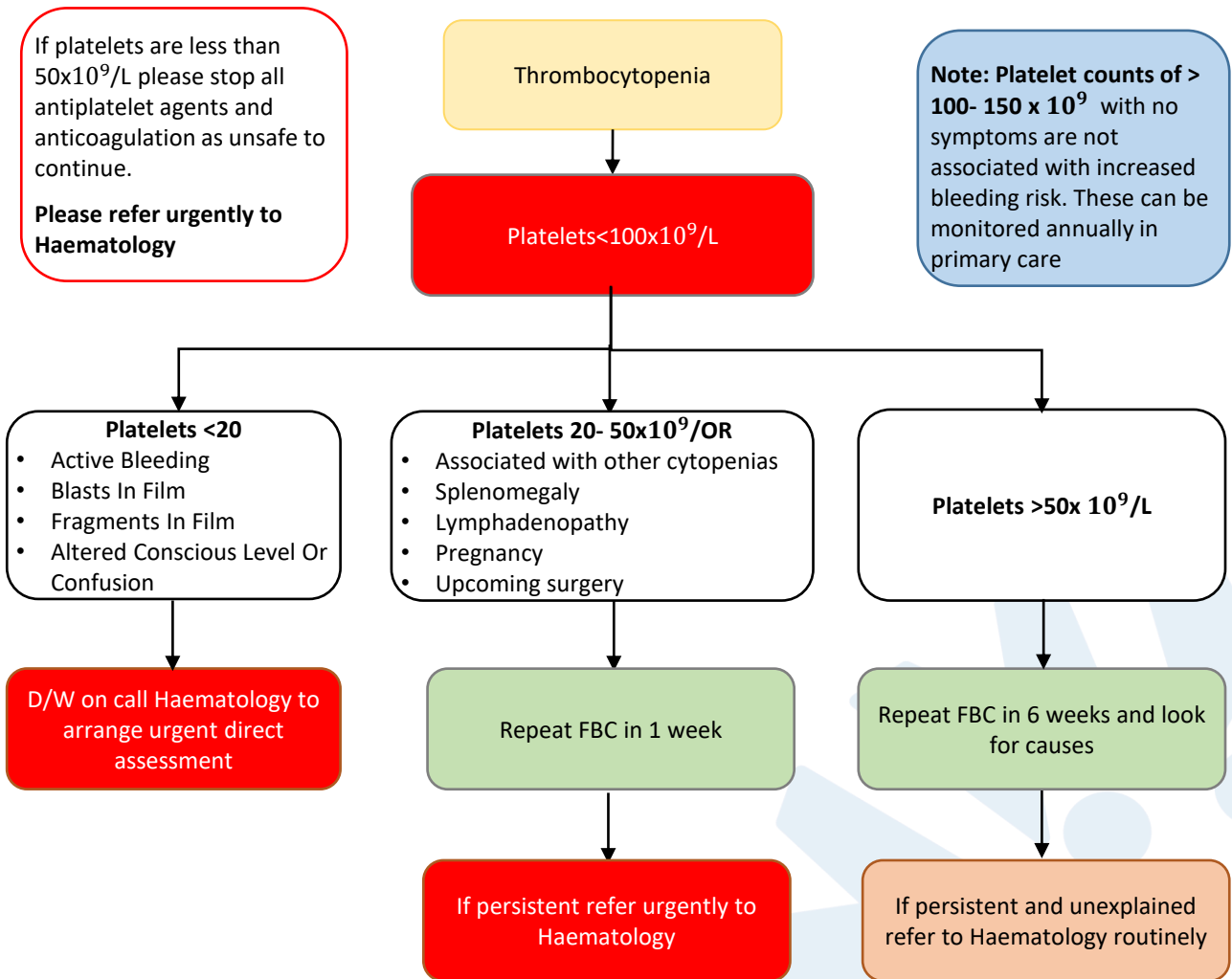
- Iron Deficiency Anaemia
- Inflammation
- Infection
- Post-Splenectomy and Hyposplenism (e.g. Coeliac Disease)
- Myeloproliferative Disorders
- Post-Operatively
- LEGO-C cancers: lung, endometrial, gastric, oesophageal, colorectal

**Patient Information**  
TBC

**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC



## Causes

- Spurious result from clumping – please look at blood film report and repeat using citrated sample (usually a blue top)
- Immune thrombocytopenic purpura (ITP)
- Alcohol
- Liver dysfunction
- Medications
- B12/folate deficiency
- HIV/Hepatitis B/C
- Bone marrow failure/infiltration

**Patient Information**  
TBC

**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC

**End Organ Damage (Unexplained):**

- Hypercalcaemia (Adj. Calcium > 2.75micromol/L)
- Renal impairment (Creatinine > 177 micromol/L)
- Anaemia (Hb < 100g/L)
- Bone pain (>4-6 weeks), particularly in back/ ribs
- Pathological fracture or lytic lesions on imaging

**Paraprotein and/ or abnormal SFLC RATIO** (see below for normal ranges in renal impairment)

eGFR 45-59: Normal SFLC ratio 0.46-2.62  
eGFR 30-44: Normal SFLC ratio 0.48-3.38  
eGFR <30: Normal SFLC ratio 0.54-3.30

- IgG paraprotein < 15g/L
- IgM or IgA paraprotein < 10g/L
- Minor SFLC ratio (>0.1 or < 7)

Repeat bloods in 2-3 months

Persistent and stable result

Non-urgent referral to Haematology

Significant rise in paraprotein (>5g/l)

**Urgent (suspected cancer) referral to Haematology**

Any of the following:

- IgG Paraprotein >15g/L
- IgM or IgA paraprotein > 10g/L
- IgD or IgE paraprotein
- Significantly abnormal SFLC ratio (<0.1 or > 7)
- End organ damage

A polyclonal picture on serum electrophoresis or raised kappa and lambda light chains but with a normal SFLC ratio are reactive features and are not associated with myeloma or MGUS (referral to haematology not indicated)

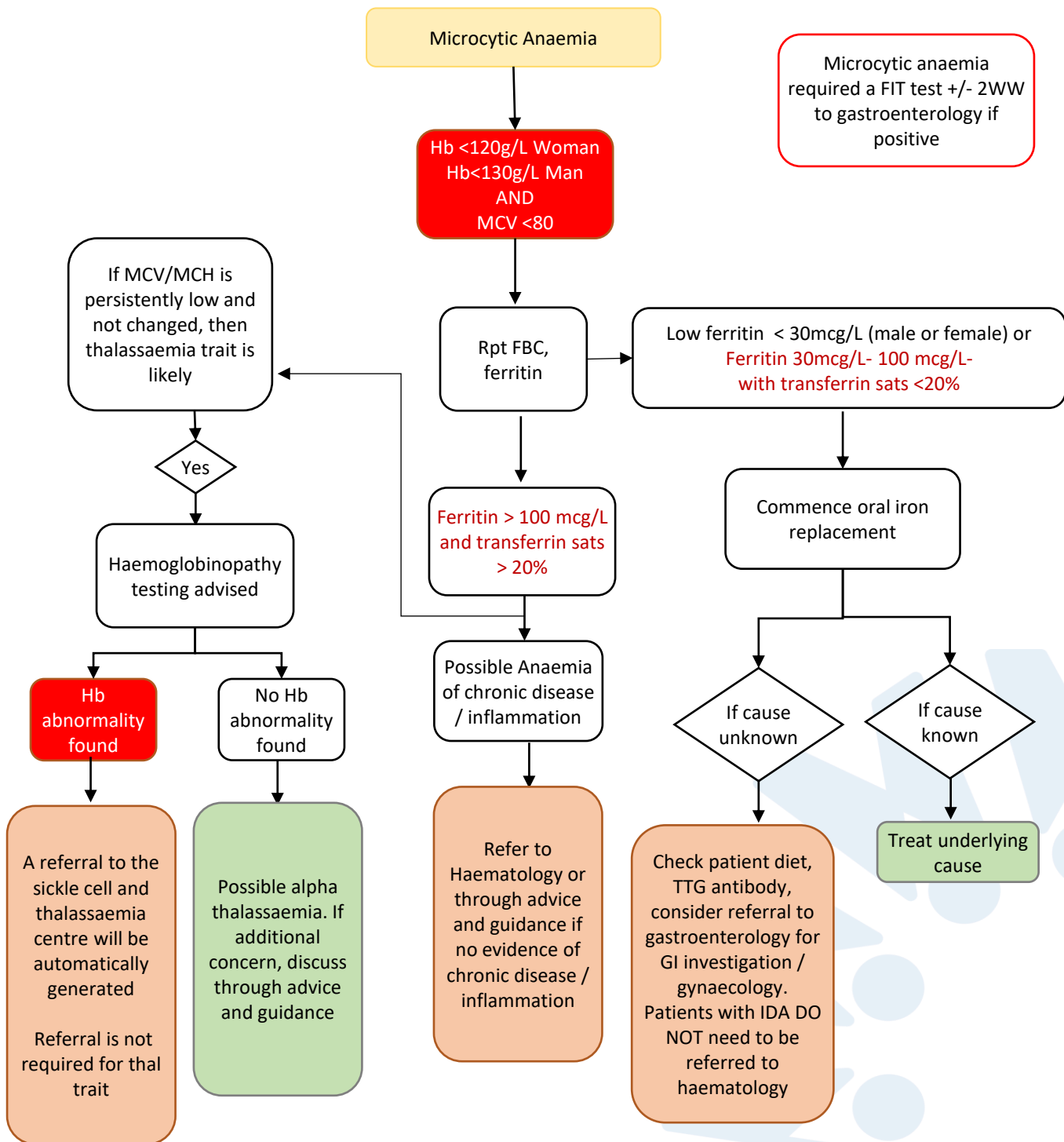
If there are concerns regarding the interpretation of Paraprotein or Serum Free Light Chain results, please discuss with the Haematology team e.g. advice and guidance request

**Patient Information**  
TBC

**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC



**Patient Information**  
TBC

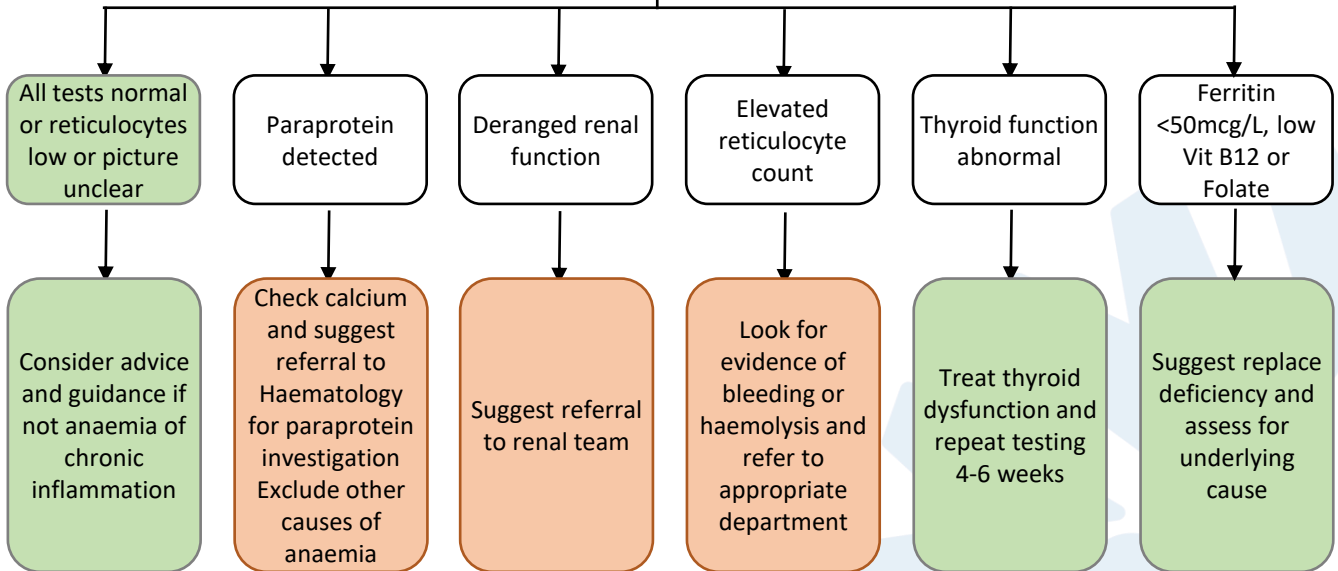
**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC

Hb <120g/L Woman  
 Hb <130g/L Man  
 AND  
 MCV >80

- Check:**
- FBC
  - Blood Film
  - UE/LFT
  - TFT
  - Vit B12
  - Folate
  - Ferritin
  - Iron Saturations
  - Reticulocyte count
  - Serum Immunoglobulins
  - Serum Free Light Chains



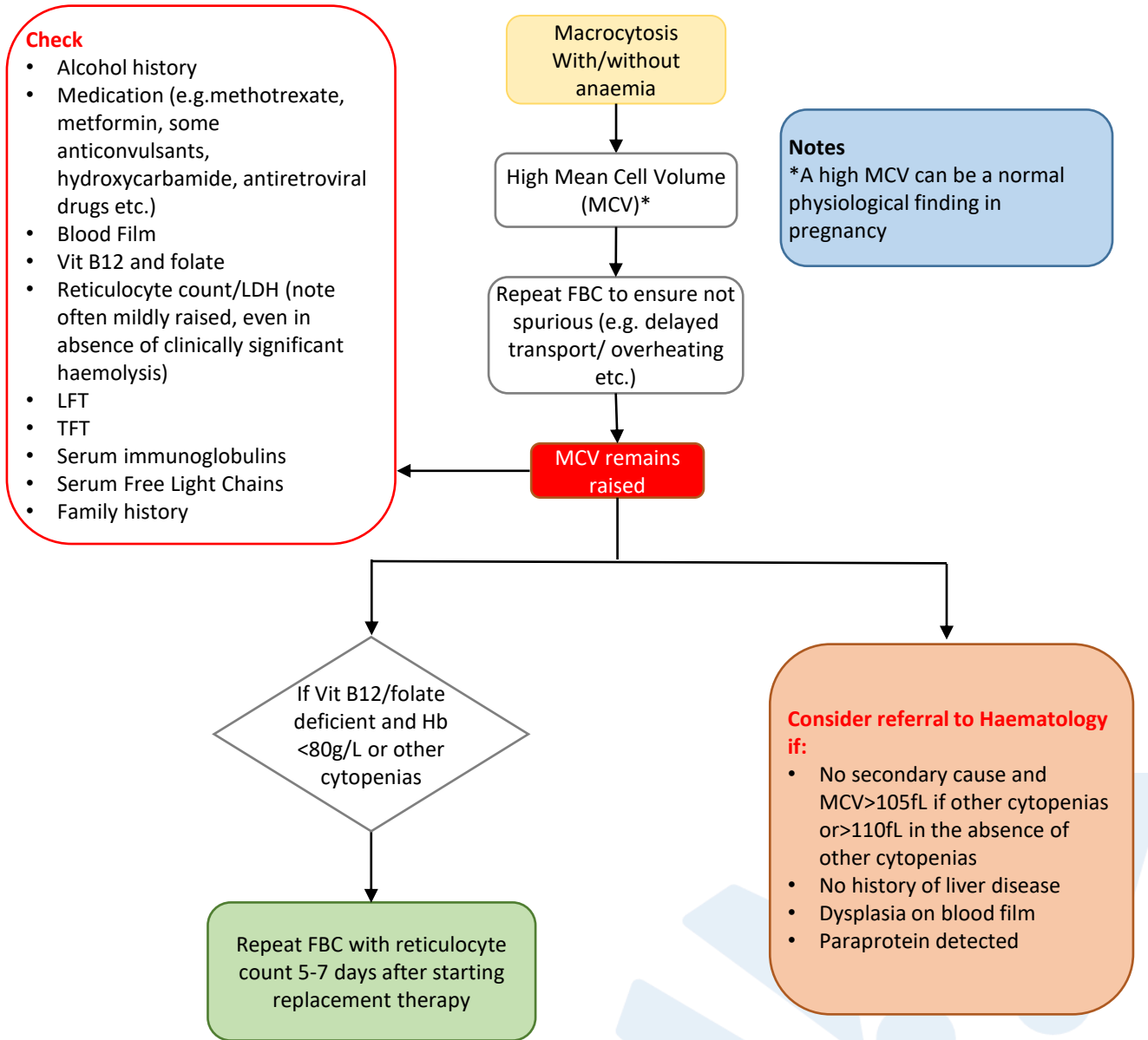
Note: Markers of haemolysis include a raised reticulocyte count and high bilirubin and LDH.

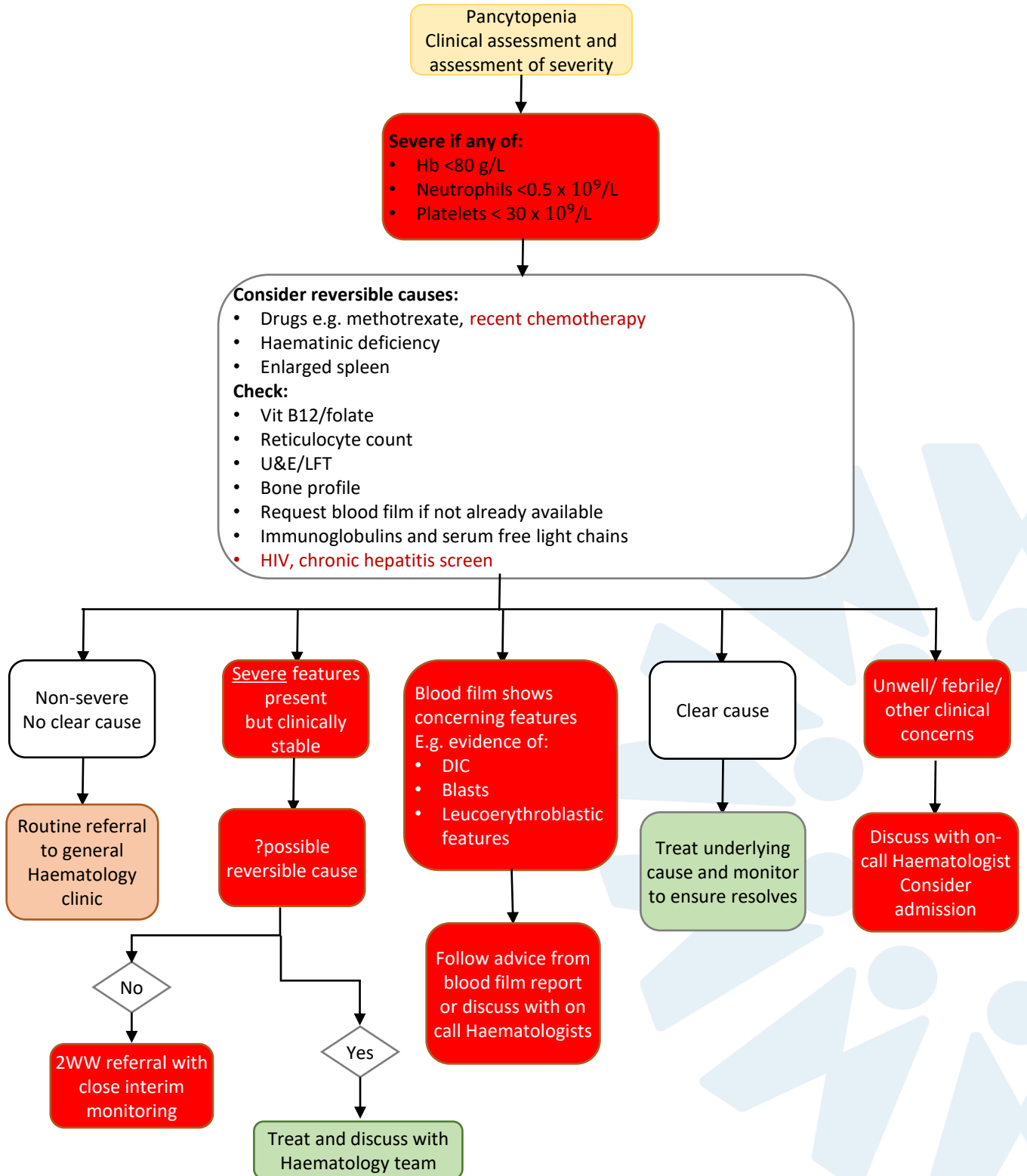
**Patient Information**  
TBC

**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC





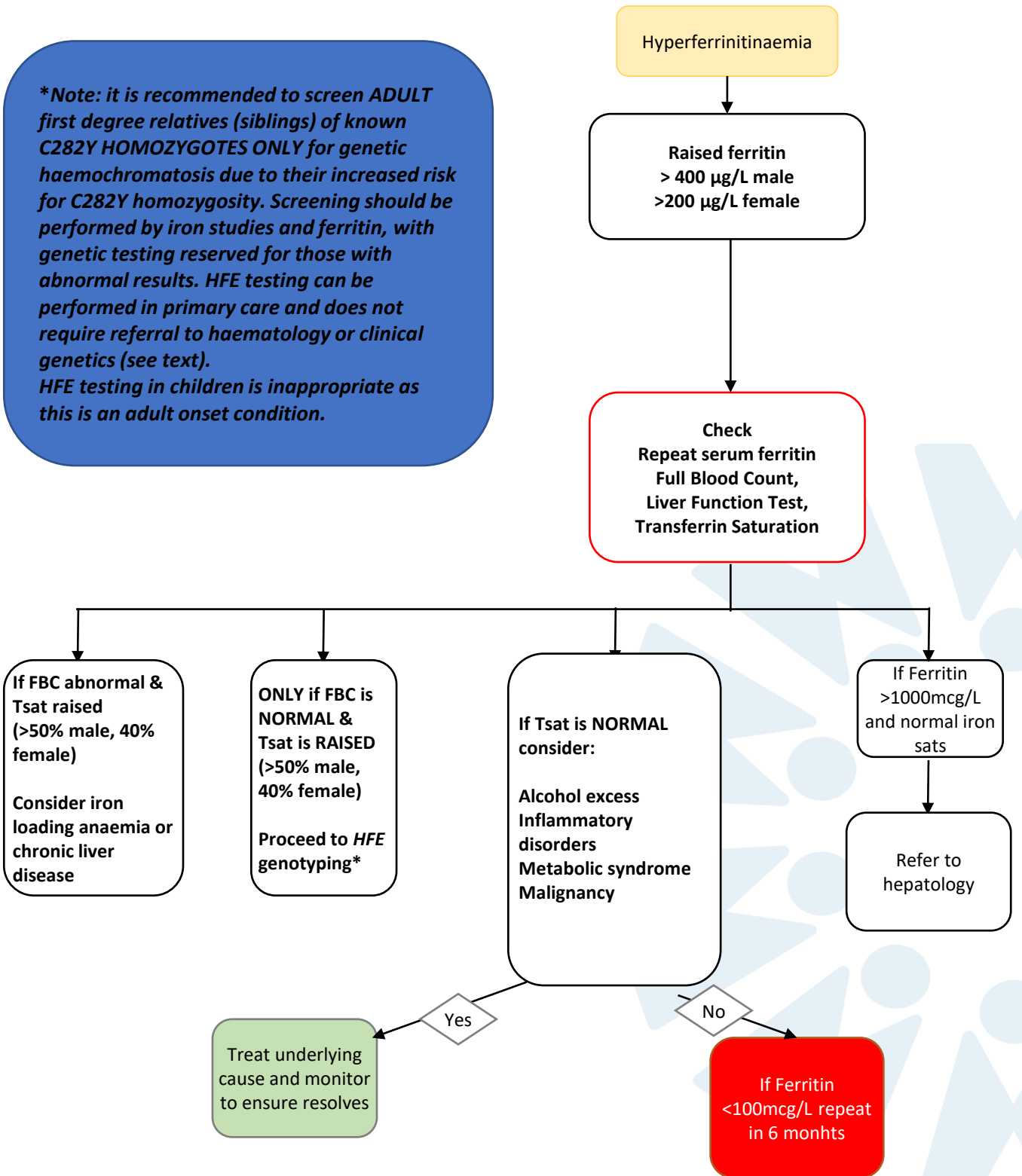
**Patient Information**  
TBC

**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC

**\*Note: it is recommended to screen ADULT first degree relatives (siblings) of known C282Y HOMOZYGOTES ONLY for genetic haemochromatosis due to their increased risk for C282Y homozygosity. Screening should be performed by iron studies and ferritin, with genetic testing reserved for those with abnormal results. HFE testing can be performed in primary care and does not require referral to haematology or clinical genetics (see text). HFE testing in children is inappropriate as this is an adult onset condition.**



**Patient Information**  
TBC

**Referral Proforma**  
TBC

**Local Guidance**  
TBC

**National Guidance**  
TBC

Easy Bruising

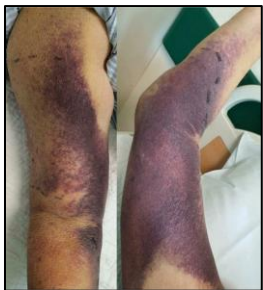
**Frequent and unexplained large bruises (particularly if not isolated to limbs)**

**Consider**

- Drugs: anticoagulants, antiplatelets, SSRIs, NSAIDs
- Skin fragility (e.g. elderly, long-term steroid use)
- Other: Joint hypermobility, hypothyroidism, alcohol excess, non accidental injury and vasculitis

Extensive haematoma & Prolonged aPTT +++

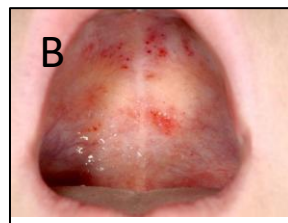
**D/W oncall Haematology to arrange urgent assessment**



Typical haematoma of acquired haemophilia

Petechiae +/- wet purpura or Hepatosplenomegaly, lymphadenopathy or systemically unwell

**Urgent FBC See thrombocytopenia pathway if applicable**



Petechiae (A) and wet purpura (B)

Other significant abnormal bleeding: see "Abnormal bleeding" box below

- Pregnant
- Upcoming surgery

**Urgent referral to haematology\***

Isolated superficial limb bruising

This is a poor predictor of a significant bleeding disorder and **does not need to be referred**

Refer to haematology (\*attach photographs of bruising)

**Other significant abnormal bleeding history e.g.**

- Deep muscular or joint bleeding
- Epistaxis requiring treatment\*\*
- Excessive bleeding after dental extractions or surgery (especially if additional intervention needed)
- Menorrhagia\*\* from menarche without primary gynaecological cause
- Abnormal post partum bleeding without known obstetric cause
- Family history of a bleeding disorder

\*\* please also refer to ENT and gynaecology services respectively

Patient Information  
TBC

Referral Proforma  
TBC

Local Guidance  
TBC

National Guidance  
TBC