NHS
Manchester University
NHS Foundation Trust

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

NHS
Manchester University
NHS Foundation Trust

Contents

Epidemiological Notice for Greater Manchester: As Greater Manchester is a high HIV prevalence area, clinicians are strongly encouraged to consider routine HIV testing for all adult patients presenting with unexplained haematological or lymphoproliferative features, regardless of perceived individual risk profiles.

Lymphadenopathy

NHS
Manchester University
NHS Foundation Trust

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	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Splenomegaly

Manchester University NHS Foundation Trust

B symptoms

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

Splenomegaly

Spleen >14cm

NB: Spleen increases with height. On average increases in length by 0.2 cm for every inch > 6ft

Consider using expected spleen size calculator by QxMD Calculate: https://qxmd.com/calculate/calculator_384/expected-spleen-size

- B symptoms
- Cytopenias
- Increased LDH
- Paraprotein
- Lymphadenopathy
- High haemoglobin or increased platelet count
- Evidence of haemolysis
- High WBC
- Leuco-erythroblastic blood film

Refer to Haematology on urgent (suspected cancer) pathway

If Criteria not met for urgent referral look for causes

If no obvious cause refer to Haematology

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

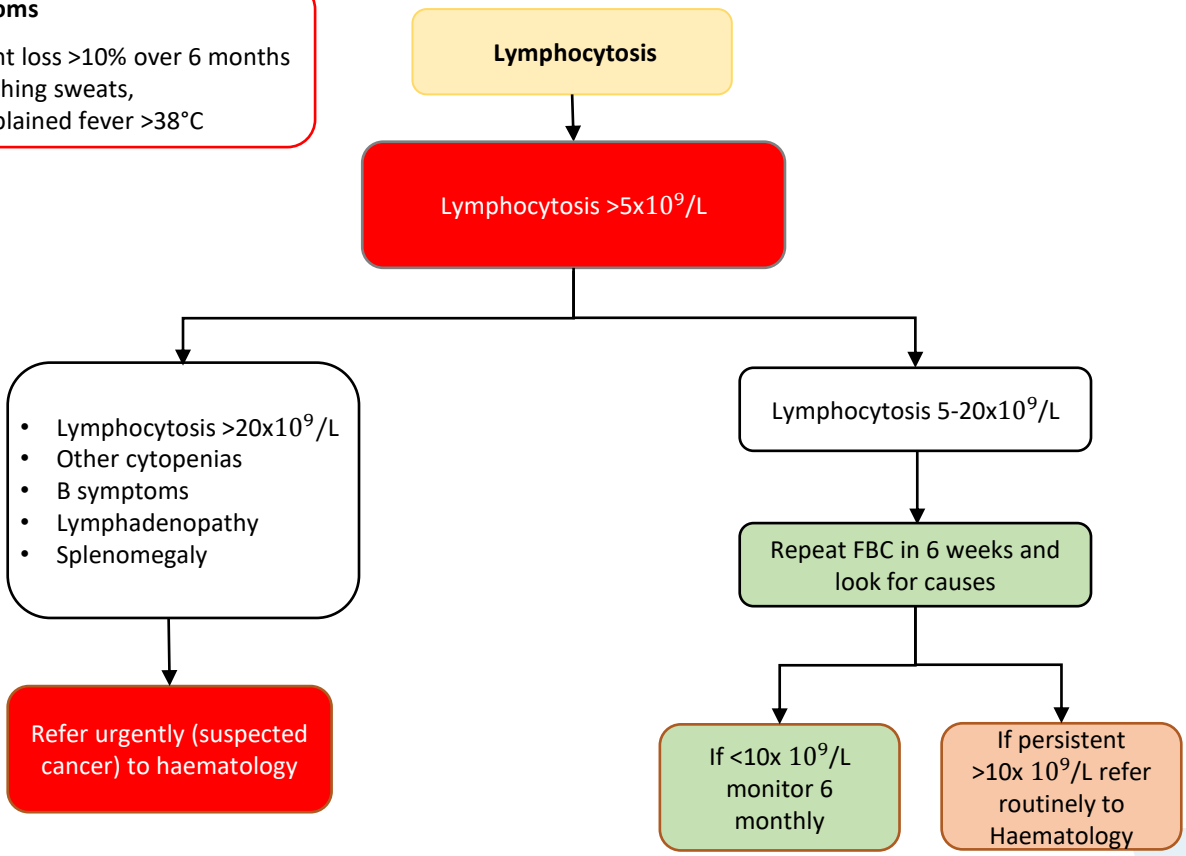
Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Lymphocytosis

Manchester University NHS Foundation Trust

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

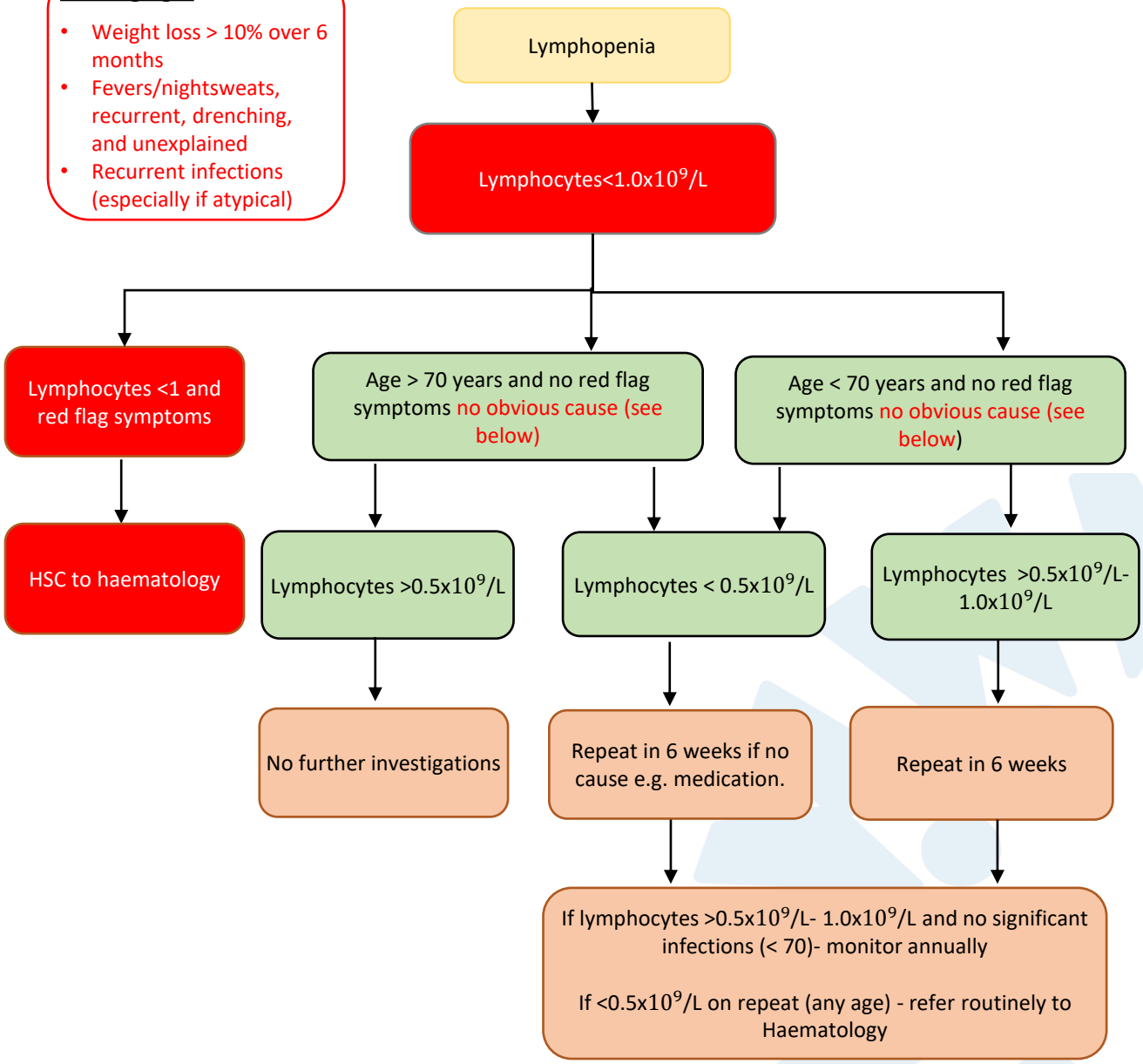
Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Lymphopenia

Manchester University NHS Foundation Trust

Red Flag signs

- Weight loss > 10% over 6 months
- Fevers/nightsweats, 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

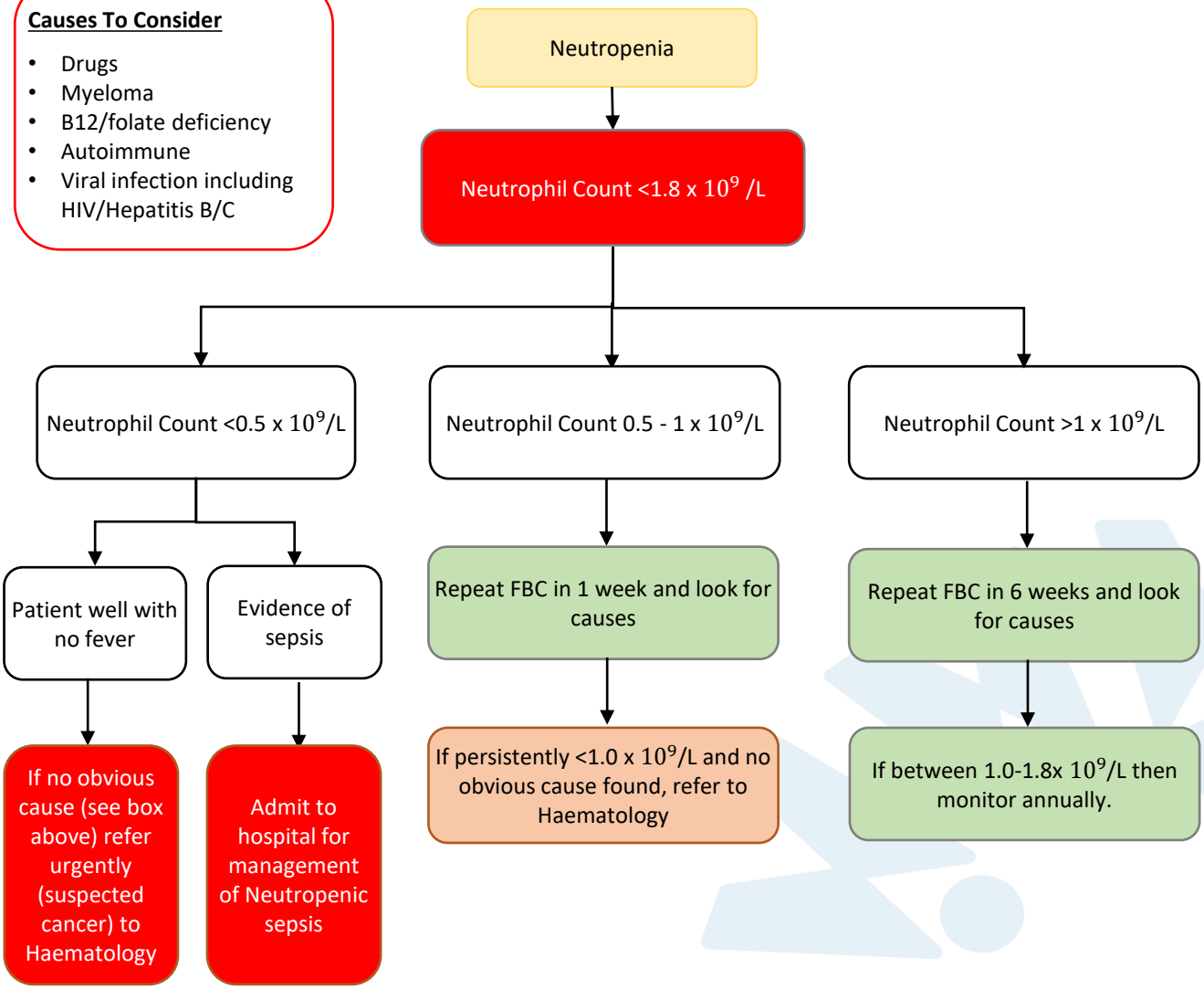
Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Neutropenia

NHS
Manchester University
NHS Foundation Trust

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 x 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 x 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**.

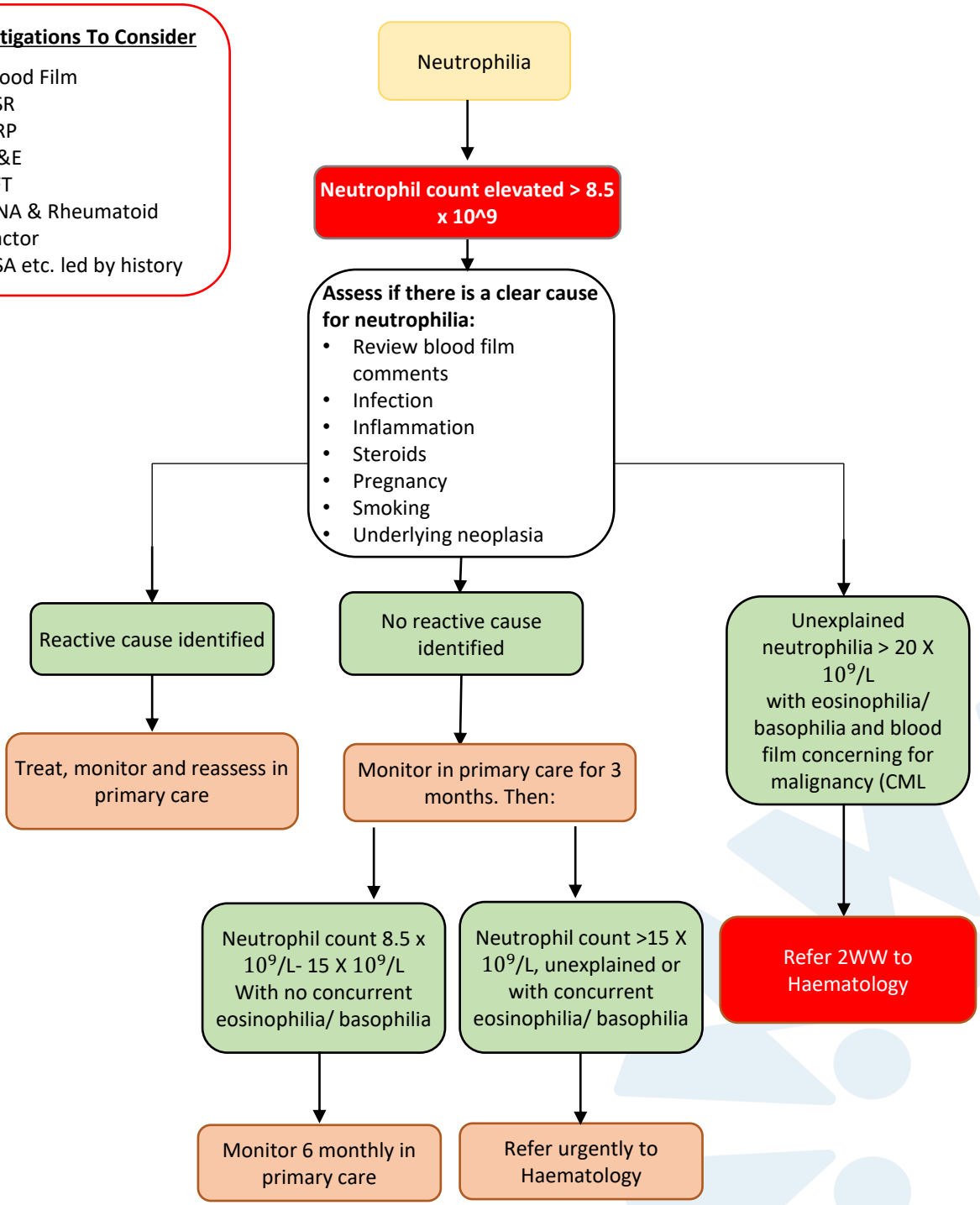
Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Neutrophilia

NHS
Manchester University
NHS Foundation Trust

Investigations To Consider

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



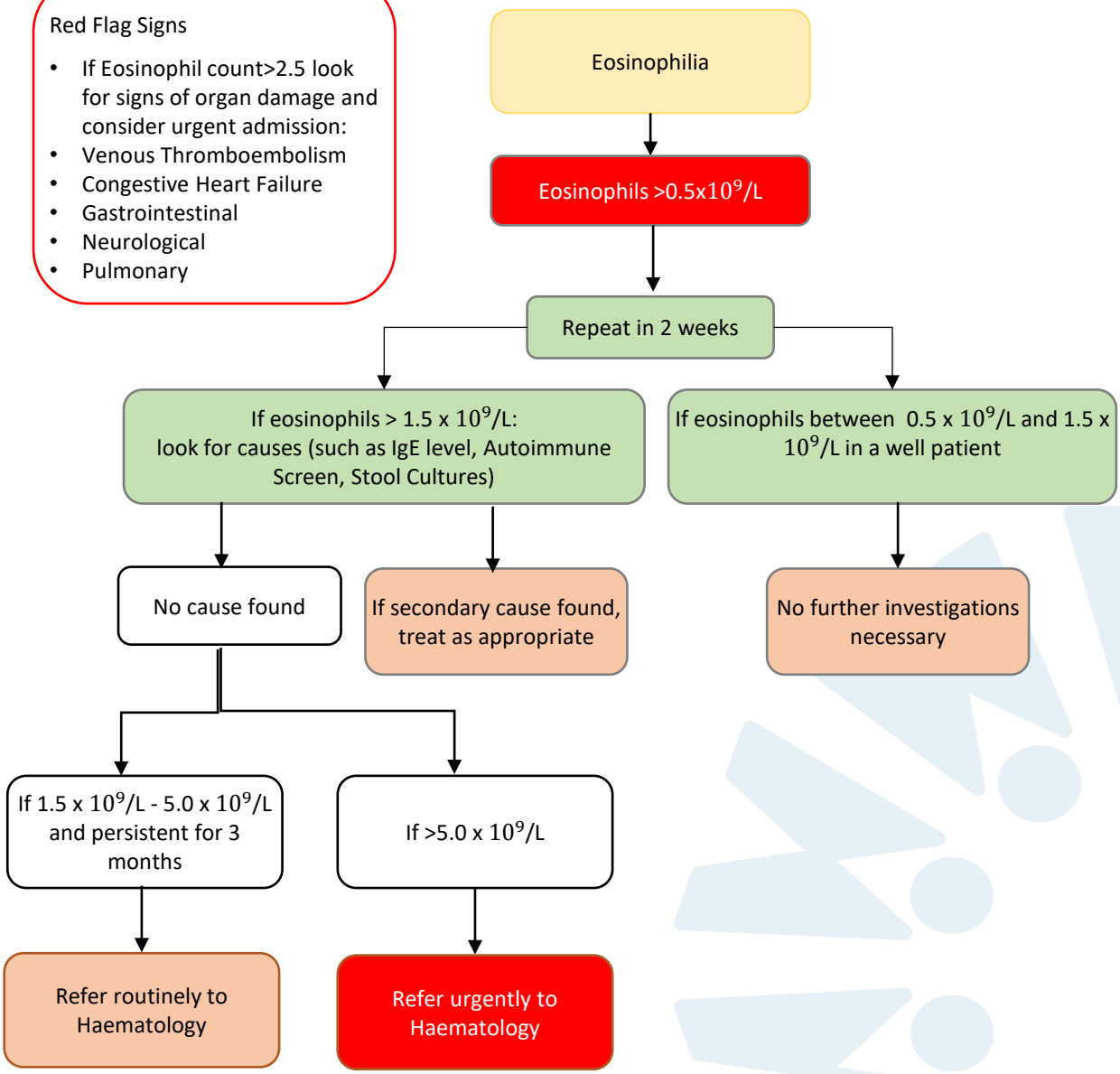
Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Eosinophilia

Manchester University NHS Foundation Trust

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

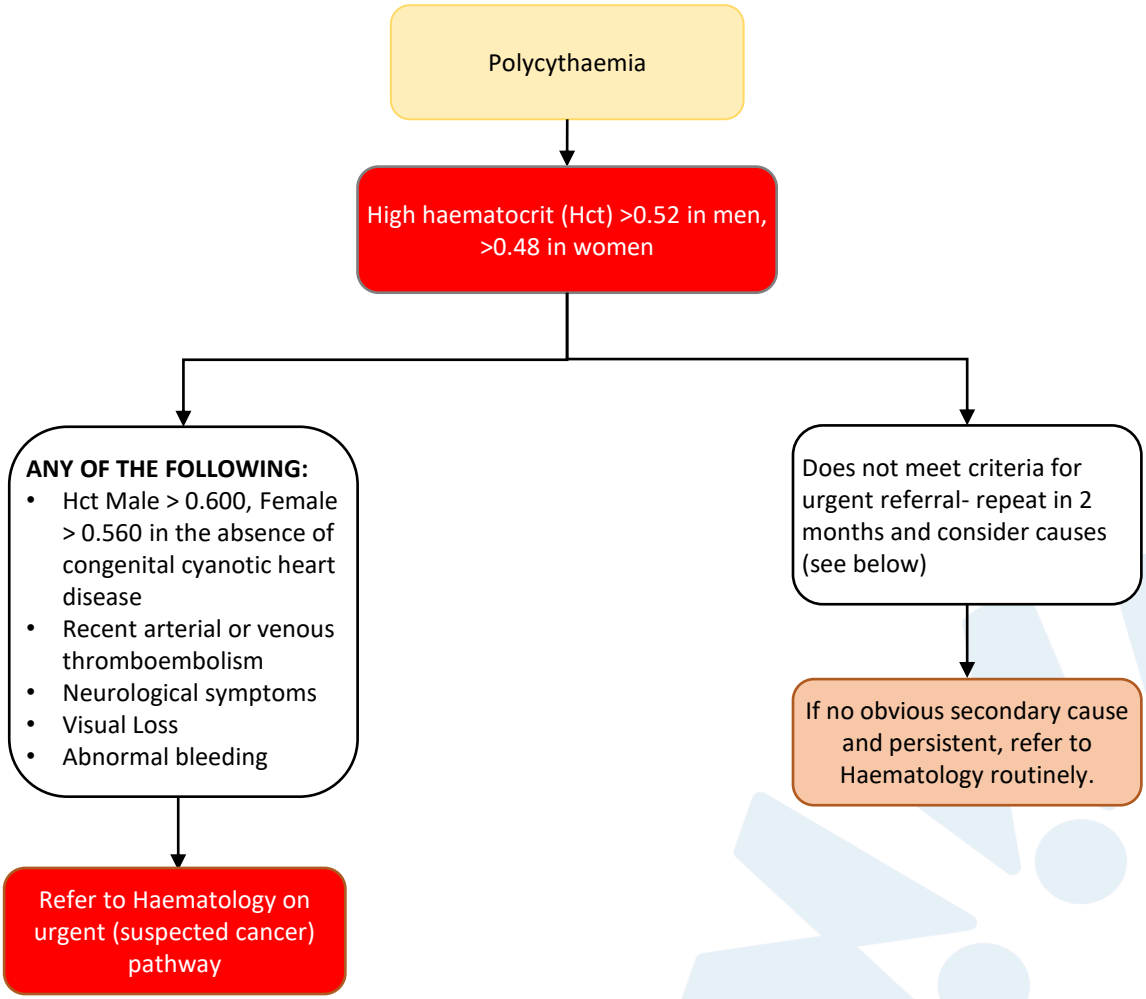


Causes

- **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	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Polycythaemia

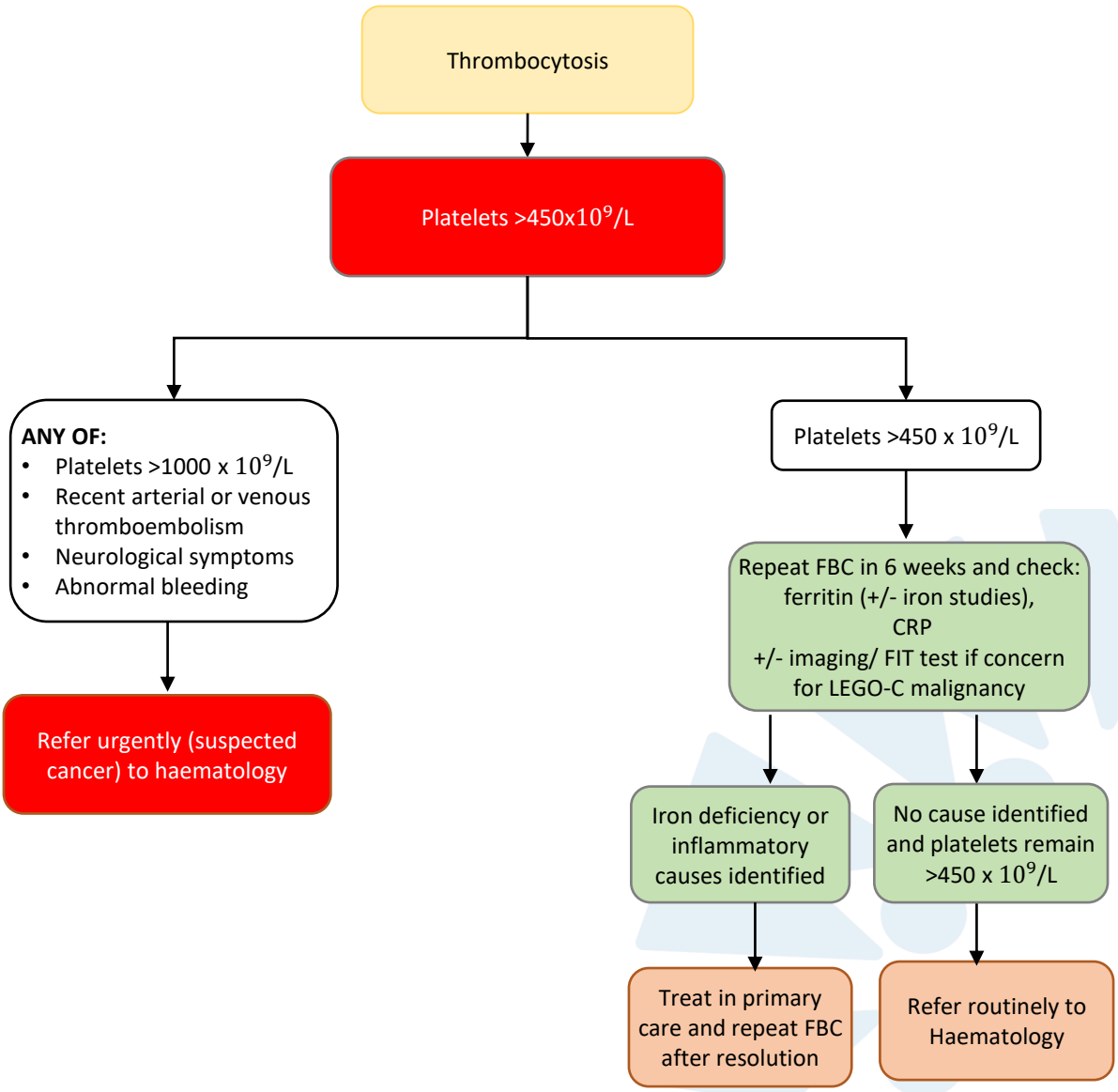


Causes

- **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	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Thrombocytosis



Causes

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

Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Thrombocytopenia

NHS Manchester University NHS Foundation Trust

If platelets are less than $50x10^9$/L please stop all antiplatelet agents and anticoagulation as unsafe to continue.

Please refer urgently to Haematology

Thrombocytopenia

Platelets<$100x10^9$/L

Note: Platelet counts of > 100- 150 x 10^9 with no symptoms are not associated with increased bleeding risk. These can be monitored annually in primary care

Platelets <20
- Active Bleeding
- Blasts In Film
- Fragments In Film
- Altered Conscious Level Or Confusion

D/W on call Haematology to arrange urgent direct assessment

Platelets 20- $50x10^9$/OR
- Associated with other cytopenias
- Splenomegaly
- Lymphadenopathy
- Pregnancy
- Upcoming surgery

Repeat FBC in 1 week

If persistent refer urgently to Haematology

Platelets >50x 10^9/L

Repeat FBC in 6 weeks and look for causes

If persistent and unexplained refer to Haematology routinely

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	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Paraprotein / Serum free light chains

NHS Manchester University NHS Foundation Trust

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)

Any of 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

Urgent (suspected cancer) referral to Haematology

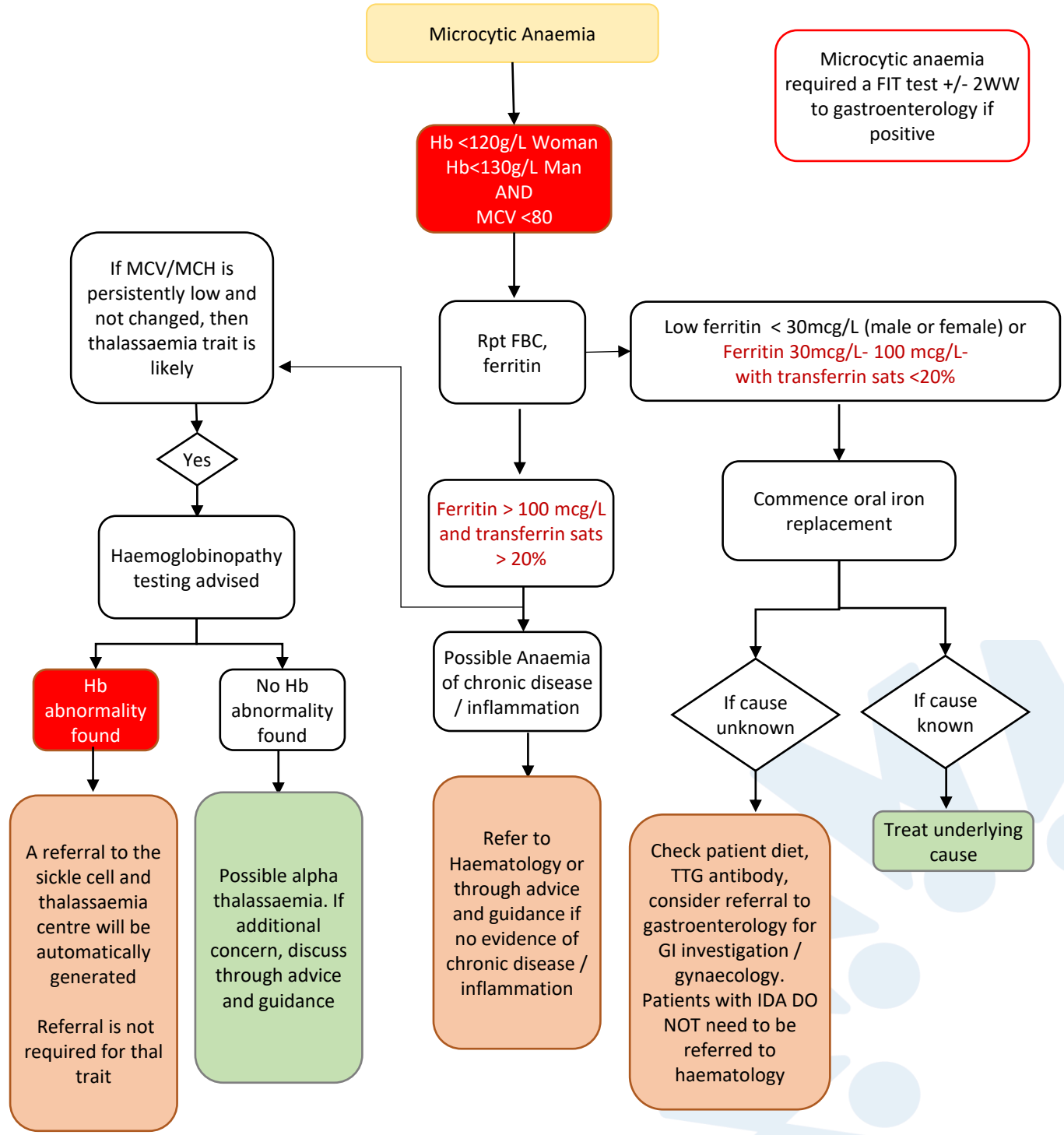
A polyclonal picture on serum electrophoresis or raised kappa and lambda light chains but with a normal SFLC ratio are reactive features and are not associated with myeloma or MGUS (referral to haematology not indicated)

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	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Microcytic Anaemia

NHS Manchester University NHS Foundation Trust



Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Normocytic or Macrocytic Anaemia

Manchester University NHS Foundation Trust

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

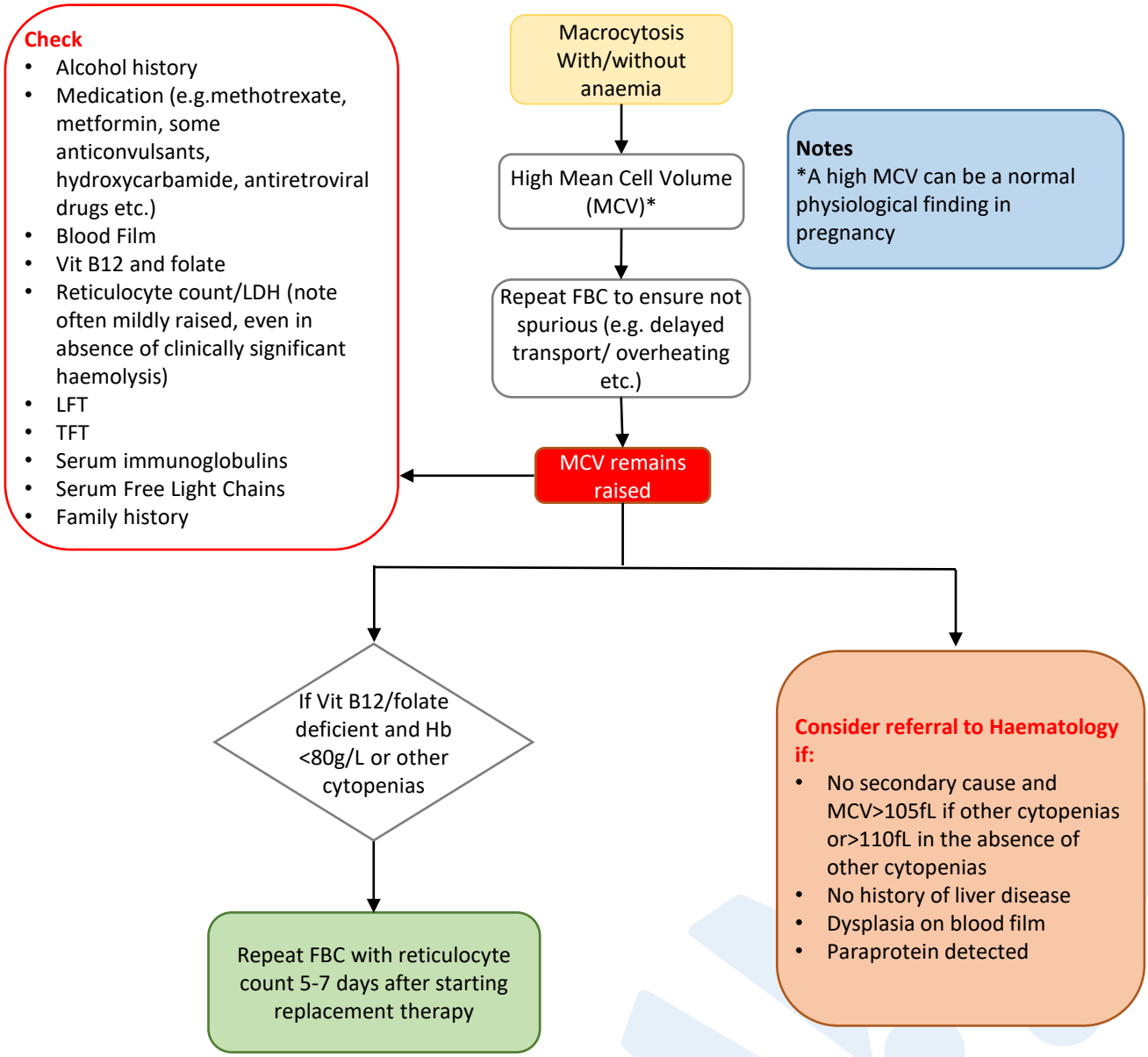
All tests normal or reticulocytes low or picture unclear	Paraprotein detected	Deranged renal function	Elevated reticulocyte count	Thyroid function abnormal	Ferritin <50mcg/L, low Vit B12 or Folate
Consider advice and guidance if not anaemia of chronic inflammation	Check calcium and suggest referral to Haematology for paraprotein investigation Exclude other causes of anaemia	Suggest referral to renal team	Look for evidence of bleeding or haemolysis and refer to appropriate department	Treat thyroid dysfunction and repeat testing 4-6 weeks	Suggest replace deficiency and assess for underlying cause

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

Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Macrocytosis

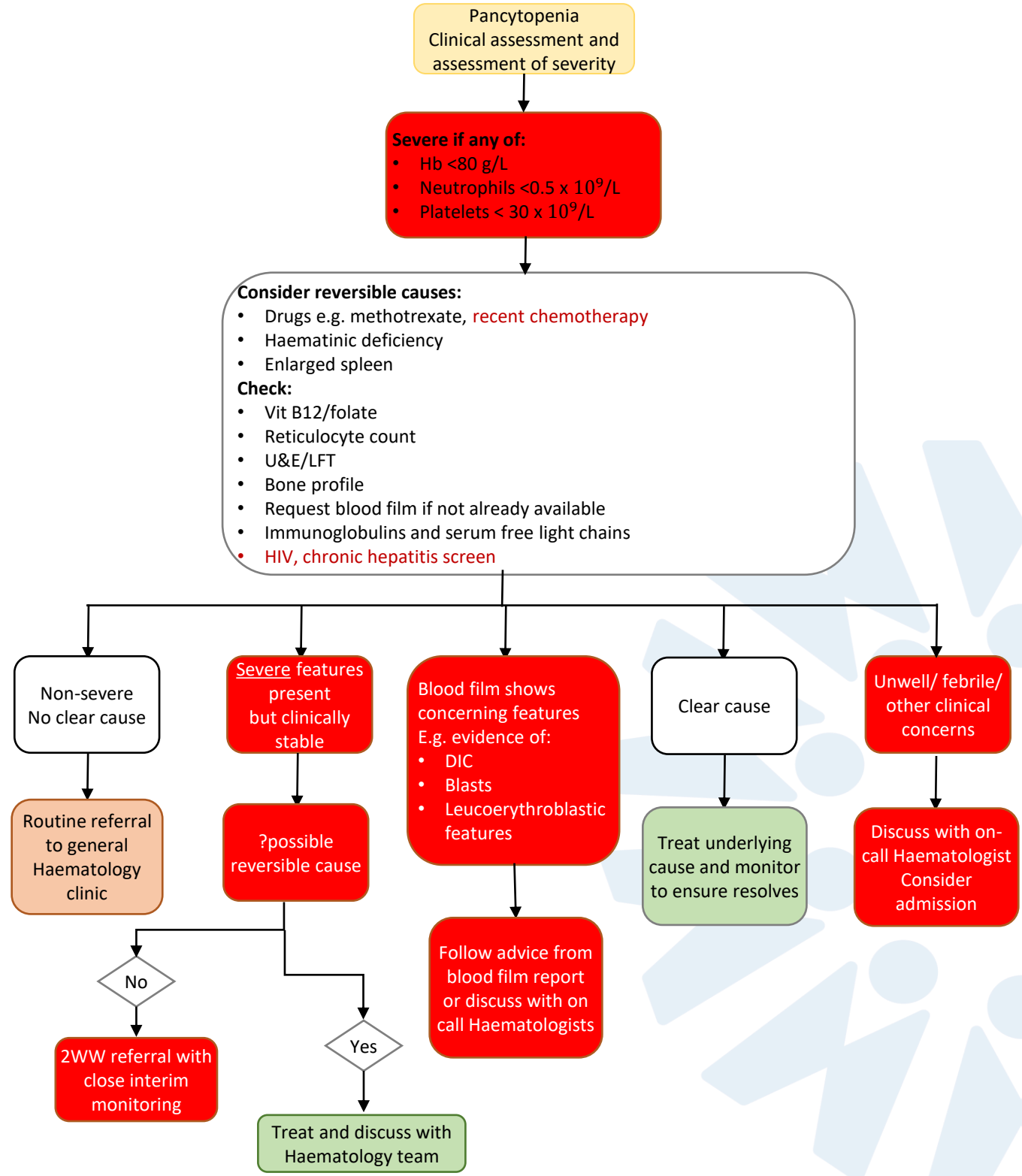
NHS Manchester University NHS Foundation Trust



Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Pancytopenia

Manchester University NHS Foundation Trust

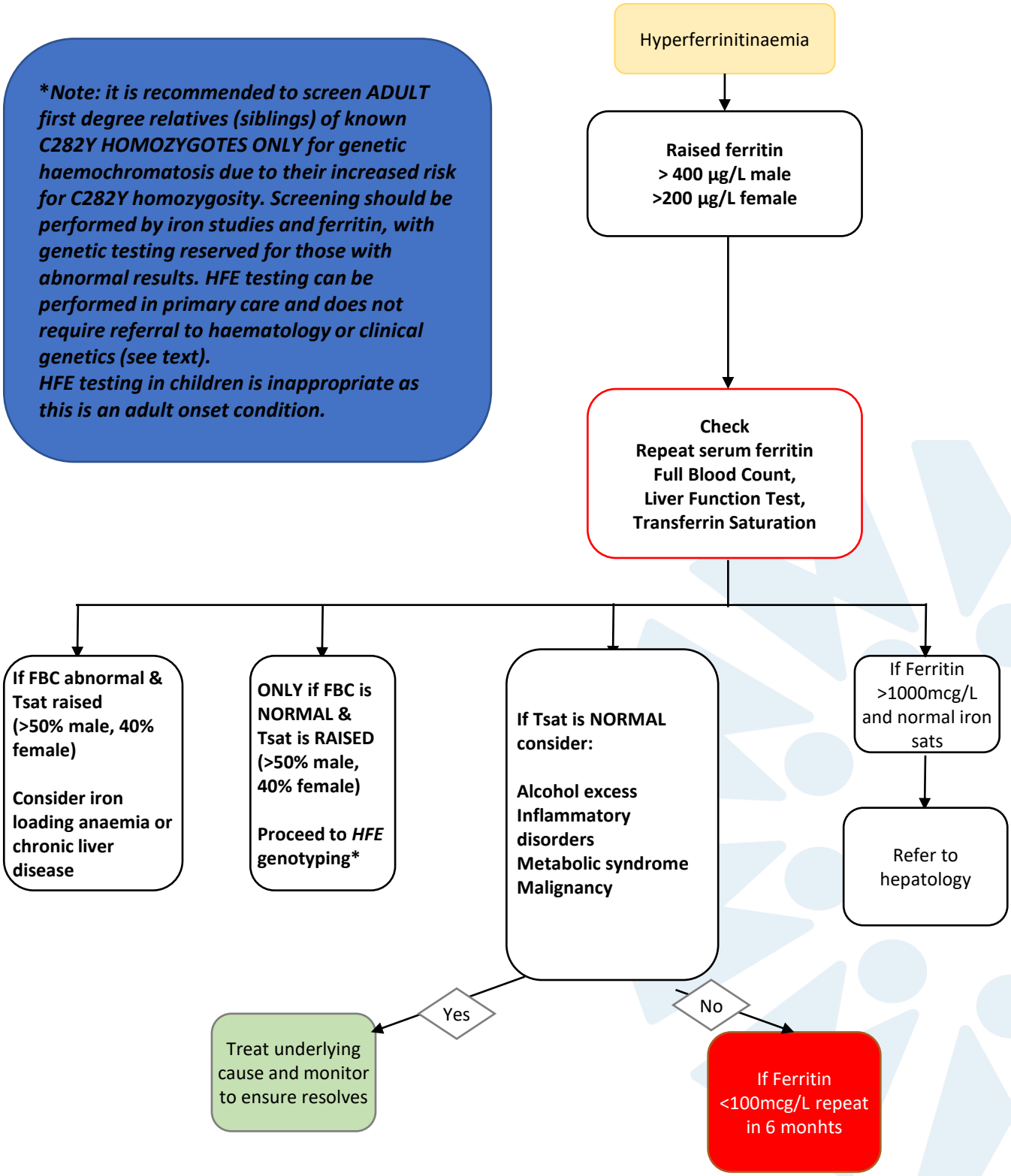


Patient Information	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Hyperferritinaemia

Manchester University NHS Foundation Trust

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	Referral Proforma	Local Guidance	National Guidance
TBC	TBC	TBC	TBC

Easy Bruising

NHS Manchester University NHS Foundation Trust

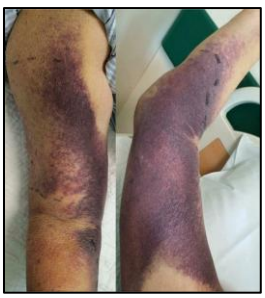
Easy Bruising

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

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

Extensive haematoma & Prolonged aPTT +++

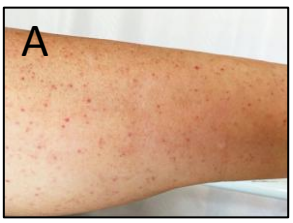
D/W oncall Haematology to arrange urgent assessment

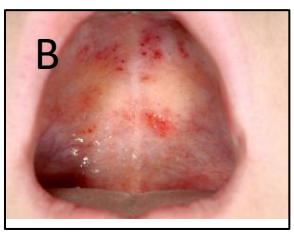


Typical haematoma of acquired haemophilia

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

Urgent FBC See thrombocytopaenia 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