Bayside Health

Referral Guideline – Regional

Haematology

Haematology specialises in the diagnosis, treatment and follow up of the entire range of blood diseases. This includes benign and/or malignant blood disorders.

How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the Bayside Health Regional Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health Regional can be sent via email (access@basscoasthealth.org.au)

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Clinical Lead

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Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet:**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local Bass Coast service eligibility
- Anaesthesia and Surgical Services – Patient Suitability Framework

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

Red flags signal the most serious clinical risks and need for same day assessment or admission.

EMERGENCY

- Suspected acute leukaemia (evidenced by blood film report)
- Any life-threatening or severe symptoms present or large mediastinal mass on imaging
- Severe unexpected/unexplained cytopenia:
  - Neutrophils < 0.5 x 10^9/L
  - Haemoglobin < 70g/L
  - Platelets < 20 x 10^9/L
  - Thrombocytopenia or suspected immune thrombocytopenia (ITP) with platelet count < 20 x 10^9L
  - Blasts or leucoerythroblastic blood film

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Safety risk screening

RED FLAG CONDITIONS (Cont.)

Red flags signal the most serious clinical risks and need for same day assessment or admission.

EMERGENCY

- Superior vena cava obstruction (secondary to lymph node compression)
- Suspected spinal cord compression (patient presenting with pain and neurological symptoms)
- Impending pathologic fracture (radiologically identified) in a myeloma patient
- Active bleeding due to low platelets or a coagulopathy
- Hypercalcaemia >3.0 mmol/L
- Proximal deep venous thrombosis or suspected pulmonary embolism
- Suspected thrombotic thrombocytopenic purpura (TTP)irrespective of platelet count
- Any patient with a known or suspected haematological disorder having a fever or being unwell
- Rapidly enlarging lymph node(s)
- Suspected symptomatic myeloma
- Suspected chronic myeloid leukaemia (CML)
- Any life threatening or severe symptoms present eg: Recent unexplained mild to moderate renal impairment
- New hypercalcaemia
- Threatened spinal cord compromise
- New renal failure
- Hypercalcaemia
- Acute bleeding
- Acute proximal deep vein thrombosis
- Acute pulmonary embolism

Procedures/Conditions seen at Bayside Health Regional

- Acute and Chronic Leukemia
- Bleeding Disorders
- Blood Film Abnormalities (Anaemia, neutropenia, thrombocytopenia and other abnormalities on FBE or film)
- Iron deficiency
- Iron overload
- Lymphoma and Lymphadenopathy
- Neutrophilia & Lymphocytosis
- Paraproteinemia, Monoclonal gammopathy of undetermined significance (MGUS) or Multiple Myeloma
- Polycythaemia
- Thrombocytosis
- Thrombotic disorders and anticoagulation advice

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health Regional

- Paediatric Care under 17 years & Paediatric Ketamine - refer to Monash Childrens or Royal Childrens
- Iron Infusions – Refer to HITH
- Albumin – Refer to HITH

Acute and Chronic Leukemia; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Acute or Chronic Leukemia

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination / Film
- Biochemistry including liver and renal function
- Iron Studies
- Serum Vitamin B12/ Holotranscobalamin (Holo TC)
- Lactate dehydrogenase (LDH)
- International normalised ratio (INR)
- Activated Partial Thromboplastin Time (APTT)
- Fibrinogen

EMERGENCY

- Refer to RED flag conditions

URGENT

- Chronic leukaemia including;
- Chronic lymphocytic leukemia (CLL)
- Chronic myeloid leukaemia (CML)
- Chronic Myelomonocytic Leukaemia(CMML)

Bleeding Disorders; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Thrombotic and bleeding disorders

Additional Information to be included

- Minimal Referral Criteria
- International normalised ratio (INR)
- Activated Partial Thromboplastin Time (APTT)
- Fibrinogen
- Full Blood Examination / Film
- Biochemistry including liver and renal function

EMERGENCY

- Refer to RED flag conditions

URGENT

- Suspected bleeding disorder associated mild anaemia and/or iron deficiency

ROUTINE

- Assessment of suspected bleeding diathesis with no anaemia or iron deficiency
- Perioperative planning in patients with known bleeding disorders

Blood Film Abnormalities - (Anaemia, neutropenia, thrombocytopenia and other abnormalities on FBE or film); seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Anaemia, Neutropenia, Thrombocytopenia and other blood film abnormalities.

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination / Film
- Biochemistry including liver and renal function.
- Iron Studies
- Serum Vitamin B12/ Holotranscobalamin (HoloTC)
- Lactate dehydrogenase (LDH)
- International normalised ratio (INR)
- Activated Partial Thromboplastin Time (APTT)
- Fibrinogen
- Include reports of previous endoscopies with referral

EMERGENCY

- Refer to RED flag conditions

URGENT

- Patients with thrombocytopenia with a count less than 50 x 109/L
- Moderate neutropenia <1.0 x109/L
- More than one abnormal result (e.g. neutropenia associated with anaemia and/or thrombocytopenia
- Thrombocytopenia <100 x 109/L and pregnant

ROUTINE

- Most cases of isolated normocytic anaemia with no other complications
- Increased mean corpuscular volume (MCV) without anaemia
- Mild neutropenia (1.0-1.5 x109/L)
- Mild-moderate thrombocytopenia without bleeding complications

Iron Deficiency; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Iron deficiency

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination
- Iron studies,
- C-reactive protein (CRP)
- Urea and Electrolytes test (UET)
- Liver function tests (LFT)
- B12/ Holotranscobalamin (Holo TC),
- Folate
- Reticulocytes
- Coeliac serology
- Consider 3 x faecal occult blood.
- Consider adjacent referral to gastroenterology or gynaecology

EMERGENCY

- Refer to RED flag conditions

URGENT

- Iron deficiency anaemia (Hb <100 g/L)

ROUTINE

- Iron deficiency with mild anaemia (Hb >100 g/L) or no anaemia
- Persistent anaemia despite appropriate iron replacement

Iron overload; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Iron overload

Additional Information to be included

- Minimal Referral Criteria
- Ferritin, transferrin saturation
- Metabolic profile (e.g. fasting glucose, cholesterol, uric acid)
- HFE haemochromatosis gene studies in selected cases (e.g. family history, metabolic hyperferritinaemia excluded).
- Liver function tests (LFT)
- Liver ultrasound

EMERGENCY

- Refer to RED flag conditions

ROUTINE

- All referrals considered routine

Lymphoma and Lymphadenopathy; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Suspected and/or proven lymphoma and investigation of lymphadenopathy

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination / Film
- Biochemistry including liver and renal function, calcium
- Lactate dehydrogenase (LDH)
- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)
- prothrombin time (PT)/ international normalized ratio (INR)
- Activated Partial Thromboplastin Time (APTT)
- Fibrinogen
- Results of any imaging performed

EMERGENCY	• Refer to RED flag conditions
URGENT	• Suspected or proven lymphoma on imaging and/or biopsy
ROUTINE	• Chronic (>6 months), asymptomatic, non-bulky lymphadenopathy

Neutrophilia & Lymphocytosis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified:

- Lymphocytosis
- Neutrophilia

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination / Film,
- Iron Studies
- Inflammatory markers
- Lactate dehydrogenase (LDH)
- Peripheral blood flow cytometry

EMERGENCY

- Refer to RED flag conditions

URGENT

- Lymphocytes >20x10^9/L or rapidly raising and:
  - Anaemia
  - Neutropenia
  - Thrombocytopenia
  - Progressive Lymphadenopathy
  - Unexplained weight loss
  - Night sweats
  - Fevers

ROUTINE

- Lymphocytes <20 x109/L and no other features of concern Chronic mild neutrophilia

Paraproteinemia, Monoclonal gammopathy of undetermined significance (MGUS) or Multiple Myeloma; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Identified Paraprotein and Multiple Myeloma

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination / Film
- Biochemistry including liver and renal function and calcium studies
- Serum Protein Electrophoresis
- Serum Free Light Chains
- Lactate dehydrogenase (LDH)
- Beta 2 Microglobulin
- Immunoglobulins
- Urinary Bence-Jones protein
- Urinary albumin-to-creatinine ratio
- Include results of radiological investigations (e.g. skeletal survey, MRI spine) if available

EMERGENCY

- Refer to RED flag conditions

URGENT

- Presence of a paraprotein or elevated serum free light chains and
- Recent unexplained mild moderate renal impairment
- Recent onset unexplained anaemia
- Lytic bone lesions

ROUTINE

- Patient otherwise asymptomatic or well consistent with Monoclonal gammopathy of undetermined significance (MGUS)

Polycythaemia ; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Polycythemia

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination / Film
- Iron Studies
- Erythropoietin levels (not MBS rebated - check with pathology provider regarding cost of test)
- JAK2 (Janus Kinase 2) V617F gene molecular testing (MBS rebated)

EMERGENCY

- Refer to RED flag conditions

URGENT

- Hb > 200g/dl (PCV >0.60) in the absence of
- Chronic hypoxia
- Raised Hb in association with:
- Recent arterial or venous thrombosis
- Neurological symptoms / visual loss
- Abnormal bleeding
- *Packed Cell Volume (PCV) is called Haematocrit (HTC) in some laboratories

ROUTINE

- Elevated PCV in association with:
- Past history of arterial or venous thrombosis
- Splenomegaly
- Pruritus
- Elevated white cell or platelet counts persistent (at least on two occasions 4-6 weeks apart), unexplained elevated PCV

Thrombocytosis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Thrombocytosis

Additional Information to be included

- Minimal Referral Criteria
- Full Blood Examination / Film,
- Iron Studies
- Inflammatory markers

EMERGENCY

- Refer to RED flag conditions

URGENT

- Platelets >1000X10^9/L
- Platelets >450 x10^9/L and:
- Neurological symptoms
- Abnormal bleeding
- Recent thrombotic event
- Splenomegaly

ROUTINE

- Patient otherwise asymptomatic

Thrombocytosis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Thrombotic and bleeding disorders

Additional Information to be included

- Minimal Referral Criteria
- International normalised ratio (INR)
- Activated Partial Thromboplastin Time (APTT)
- Fibrinogen
- Full Blood Examination / Film
- Lactate dehydrogenase (LDH)
- Biochemistry including liver and renal function
- Relevant diagnostics or follow up scans
- Ventilation-perfusion (VQ)
- CT pulmonary angiogram (CTPA)
- Ultrasound (U/S)

EMERGENCY

- Refer to RED flag conditions

URGENT

- Acute thrombotic event

ROUTINE

- Assessment required prior to planned surgery or Pregnancy
- Superficial thrombophlebitis