

## Title: Haematology Results to be phoned

## 1. Critical Results

The following FBC and blood film findings are deemed critical if first presentation or there is a significant change in previous results. Critical results are communicated to the Haematology Registrar and the Clinical Team\*. Refer to BSH-SOP-007 for further details.

Parameter	Result
White cell count	>100x10 <sup>9</sup> /L
Neutrophils	<0.5x10 <sup>9</sup> /L
NRBCs	>5.0x10 <sup>9</sup> /L in child of age <1 month
Platelet count	<30x10 <sup>9</sup> /L
Haemoglobin	<60g/L (excluding trauma and bleeding)
	Significant unexplained drop (approximately half in a 24-hour period) in the patient's haemoglobin from previous
Blood film	Presence of fragmented red blood cells and/or spherocytes
	Presence of blast cells, possible blasts* and lymphoma cells

<sup>\*</sup> In the case of possible blasts, inform the Haematology Registrar and refer the film for their review and confirmation of presence of blasts before contacting the Clinical Team.

## 2. Urgent results to be phoned (non-critical)

The following results will be phoned directly to the referring clinician or department if first presentation or there is a significant increase/decrease in results from the previous.

Parameter	Result
Platelet count	>30x10 <sup>9</sup> /L and <100x10 <sup>9</sup> /L
	>800x10 <sup>9</sup> /L
Haemoglobin	>60g/L and <80 g/L
	>200g/L for an adult
	>220g/L for newborn/paediatric
White cell count	>30x10 <sup>9</sup> /L and <100x10 <sup>9</sup> /L
	<2.0x10 <sup>9</sup> /L
Neutrophils	>0.5x10 <sup>9</sup> /L and <1.0x10 <sup>9</sup> /L
ESR	All results for temporal arteritis phoned as a matter of urgency

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## 3. Other Urgent Results

**Unexplained changes in results:** requestor may be phoned in order to obtain additional information to explain changes. A repeat sample may be necessary to confirm results.

**Positive malaria tests:** first presentation or an increase in parasite count from previous will be phoned to the Microbiology Registrar/Consultant, who will then communicate to the Clinical Team.

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