

Changes to critical phoning limits

There will be changes to critical phoning limits across haematology and chemistry for your cohort. A full summary is below and you can also find this information on our website.

Haematology

As per guidance from the Royal College of Pathologists, the key change for haematology is to upper and lower limits. It is worth noting that our processes are not changing - we are just changing the level at which we phone results through. The only occasions when we will make automatic referrals is also outlined below.

Internal Procedure	Change
WBC	<p>≥100 will be the phoning criteria 24/7.</p> <p>>30x10⁹/L will no longer be phoned, and instead >50 will have urgent film review and referral to the clinical haematology team who will decide on next steps based on findings.</p> <p>>25 first presentation will have routine film review and referral to the specialist registrar and clinical follow up will be based on morphological findings.</p>
WBC	<p><2.0x10⁹/L will no longer be phoned. Instead <0.5 Neutrophils count will have urgent film review and referral to the haematology specialist registrar</p>
HB	<p>≤70 and ≥190 will be the phoning criteria 24/7.</p> <p>≤60 will have urgent blood film review and referral made to the haematology specialist registrar.</p> <p>≤80 (first presentation) will trigger a routine review by clinical haematologists. If haemolytic changes are seen, e.g. fragments, spherocytosis, polychromasia, then referral will be made to the haematology registrar for routine review.</p>
HB	<p>≥190 will be the phoning criteria 24/7.</p> <p>Blood film examination will be for HCT >0.600 (when an urgent film review and referral to specialist Haematology registrar will be done).</p> <p>>220g/L (paediatrics) will no longer be phoned, or blood film examination. unless HCT >0.600 (when an urgent film review and referral to specialist registrar will be done).</p>

PLT	<p>≤30 and ≥1000 will be the phoning criteria 24/7 and will have a critical bloodfilm review and referral to the haematology specialist registrar.</p> <p>≤100 will have routine blood film review. If multilineage cytopenia (Plts ≤100 x10⁹/L and/or Neuts ≤1.0 x10⁹/L and/or Hb ≤80 g/L) then a routine referral to the haematology specialist registrar will be made.</p> <p>>800 will no longer be phoned during core hours/ out of hours. Routine blood film review will be done when plt >600 and referred to the haematology specialist registrar for review.</p>
NRBC	<p>≥5.0 for neonates/paediatric will no longer be phoned during core hours/out of hours. Instead blood film review will be done as urgent and referral made to the haematology specialist registrar.</p>
Retics	<p>Reticulocytes will no longer be phoned.</p> <p>If haemolytic changes seen e.g. fragments, spherocytosis, polychromasia then referral will be made to the haematology specialist registrar for routine review.</p>

Questions about reference ranges, critical phoning limits or test profiles

If you have any questions or concerns about any of these changes, please contact the corresponding clinical lead:

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