

## Critical Decision Limits in Haematology

The following document outlines critical decision values in the Haematology Laboratory. The values are based on the minimum requirements from the guidance by the Royal College of Pathologists. It covers the general criteria used to establish if a result will be urgently communicated to the requesting clinician, or referred to the Haematology Clinical Team.

### Automated Haematology

#### Haemoglobin:

- Falling rapidly – blood film will be examined
- Falling consistently without evidence of continued bleeding or post-operative – blood film will be examined
- $<125$  g/L and patient is on NICU and  $<1$  month old – blood film will be examined
- $<80$  g/L and patient is outpatient/antenatal/GP – blood film will be examined
- $<70$  g/L and patient is inpatient – blood film will be examined

#### Platelets:

- $<50 \times 10^9/L$  and unexplained – blood film will be examined
- $>900 \times 10^9/L$  and unexplained – blood film will be examined

#### White Cell Count:

- $>20 \times 10^9/L$  and unexplained – blood film will be examined
- $<1.0 \times 10^9/L$  and unexplained – blood film will be examined

#### Neutrophils:

- $<0.5 \times 10^9/L$  and unexplained – blood film will be examined

**If there is evidence of a haematological malignancy during blood film examination the film will be referred to the Clinical Haematology Team for review who will contact the requesting clinician or clinical area.**

### Coagulation

- INR  $>5$
- APTR  $>6$
- Grossly abnormal clotting with no obvious cause
- Abnormal coagulation results requiring further investigations on pre-operative patients
- Pre/Post clotting factor levels on pre-operative patients

### Special Techniques

- Sickle solubility results on emergency pre-operative patients
- Abnormal G6PD results on patients who have a positive malaria screen

### Microscopy

- Results of Malarial parasite screening