

NEUTROPENIA REFERRAL GUIDELINE

MAINE CHILDREN'S CANCER PROGRAM • 100 CAMPUS DRIVE, SCARBOROUGH, ME • (207) 396-7565

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS: Ill appearance, febrile, significant weight loss, abdominal distension (organomegaly), diffuse lymphadenopathy, < 1 year age, additional cell lines are abnormal

EXAM: Ill appearing, lymphadenopathy, organomegaly, dysmorphism

Labs: ANC < 500 with or without other cell lines decreased

OR

Presence of blasts

SUGGESTED PREVISIT WORKUP

CBC with manual differential

Detailed infection history – presence of unusual or repeated infections is a red flag

Family history of infections

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Associated dysmorphism, history of mouth ulcers/gingivitis, recurrent infections or fevers, history of viral process or medication that can impact ANC but ANC has not recovered in the 2-3 weeks after infection or discontinuation of medications

EXAM: Evaluate Hemodynamic status, organomegaly, lymphadenopathy, dysmorphism

LABS: ANC remains < 1000 despite repeat evaluations in 4-6 week period

SUGGESTED WORKUP

Workup is very dependent on likely diagnosis but might include:

1. Bone marrow
2. Close observation
3. Trail of GCSF (usually after bone marrow)

May also need special management if patient has fevers

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Mild illness, likely viral or well appearing

EXAM: Unremarkable clinical exam with essentially normal vital signs

LABS: Isolated neutropenia - mild - ANC > 750 x 1

SUGGESTED MANAGEMENT

High Risk - Pediatric heme/onc will determine etiology and management depending on the diagnosis

Moderate Risk - Depending on underlying cause

Low Risk - Repeat CBC in 2-3 weeks to evaluate for ANC recovery

CLINICAL PEARLS

- Most common cause of neutropenia in childhood is viral-induced or immune-mediated neutropenia.
- A detailed history is also important to discern if any meds/supplements may be contributing. If so, discontinue and repeat CBC and differential in 2-3 weeks.
- If patient is well appearing with no other concerning clinical findings, neutropenia may initially be managed by the primary team with CBC monitored longitudinally to determine if recovery occurs.
- If patient is neutropenic and ill appearing, immediate hematology referral is indicated.
- If patient is neutropenic and well appearing but has other concerning lab findings, non-urgent referral to hematology is also indicated.

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.