

CHILDHOOD POLYCYTHEMIA REFERRAL GUIDELINE

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

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Plethora or cyanosis, new neurologic deficits

EXAM: Ill appearance, hypertension, splenomegaly, hepatomegaly, abdominal mass, hypoxemia

LABS: Hematocrit is above the upper age-related reference range on **two separate occasions** plus any of the following:

Red cell mass > 25% of mean predicted value

Thrombocytosis & Leukocytosis

Low or inappropriately high serum erythropoietin

BMP/LFT abnormalities

SUGGESTED PREVISIT WORKUP

MANAGEMENT: Pediatric heme/onc will determine etiology and management depending on the dx

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Family history of polycythemia

EXAM: Mildly elevated blood pressures, no organomegaly

LABS: Hematocrit above the upper age-related reference range on two separate occasions

Appropriately high erythropoietin

SUGGESTED WORKUP

MANAGEMENT: Pediatric heme/onc will determine etiology and management depending on the dx

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Clinically asymptomatic, identified modifiable secondary risk factors

EXAM: Normal exam findings

LABS: Hematocrit above the upper age-related reference range on only one of two separate evaluations

Relative erythrocytosis

SUGGESTED MANAGEMENT

MANAGEMENT: Follow with surveillance labs

Eliminate any identified modifiable secondary risk factors

CLINICAL PEARLS

- Immediate management of patient with polycythemia while awaiting referral:
 - Identify and eliminate any potential secondary causes
 - Palpate for organomegaly
 - In this setting – yes please do an Erythropoietin level if concerned – will significantly help next steps – but would wait until increased Hgb is confirmed with a 2nd CBC
- Common Ways To Improve Referral Process: patients should have the CBC repeated at least once prior to referral

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.