University of Vermont Health

UVM Health Hematology THROMBOCYTOSIS Referrals/Consult

Definition of thrombocytosis:

- **Platelets > 450,000 (if platelets are not above 450,000, this does not meet the criteria of thrombocytosis for a hematology referral.)**

Background:

- Thrombocytosis is a response to infection, inflammation, iron deficiency / hemorrhage, or post-splenectomy or functional asplenia. Rarely, thrombocytosis is a result of a myeloproliferative neoplasm, which requires management to reduce risk of thrombosis and bleeding, and to monitor for progression to leukemia and/or myelofibrosis.

Purpose:

- To identify patients who may have myeloproliferative neoplasm or other hematologic disease and expedite the referral process to Hematology.
- To allow a management plan to be put in place at a patient's first Hematology visit.

Laboratory studies (within the prior 3 months):

- Complete Blood Count with differential - showing persistent elevation in platelets over at least two blood draws
- Peripheral blood smear with pathology review
- Comprehensive metabolic profile
- Iron studies, including ferritin. If ferritin <30ng/mL, replete iron to a ferritin >30ng/mL. Repeat platelet count 6 weeks after iron repletion; if persistently above 450,000 despite iron repletion, refer to hematology.

Please call Hematology consult attending to expedite a referral if platelet count >1,000 u/L (1,000,000).