

### **HAEMATOLOGY**

### H.A011 ADVICE LEAFLET ON NEUTROPENIA IN ADULT PATIENTS

This advice leaflets excludes patients with neutropenia secondary to chemotherapy. For advice regarding this condition please refer to the acute oncology service. Remember: Neutropenic sepsis is a medical emergency.

# What is neutropenia?

severe neutropenia	<0.5 x 10 <sup>9</sup> /L
moderate neutropenia	0.5-1.0 x 10 <sup>9</sup> /L
mild neutropenia	1.0-1.5 x 10 <sup>9</sup> /L

NB People of African or Middle Eastern descent frequently have a constitutional neutropenia (but usually  $>1.0 \times 10^9$ /L) which does not require monitoring or investigation

# What can cause neutropenia?

- Recent viral illness
- Drugs e.g. chemotherapy, carbimazole, carbamazepine, phenothiazines, clozapine, methotrexate
- Auto-immune diseases e.g. rheumatoid disease (Felty's syndrome), SLE
- Idiopathic (probably autoimmune)
- Cyclical neutropenia
- Part of other marrow disease e.g. MDS, aplasia, leukaemia
- Severe sepsis

# What should I look out for?

- Fever/signs of infection
- Mouth ulcers
- Recurrent boils
- Record of past FBCs to establish chronicity of neutropenia
- Lymphadenopathy, hepatosplenomegaly

### What should I do?

- Review drugs and consider stopping any likely to cause of neutropenia; repeat FBC/blood film two weeks after stopping
- Neutrophils <1.0 x 10<sup>9</sup>/L and patient afebrile and well repeat FBC/blood film within 7-10 days as neutropenia may be transient.
- Neutrophils 1.0-1.5 x 10<sup>9</sup>/L repeat FBC/blood film in 4-6 weeks to see if self-limiting or progressive. If neither, repeat again in 3 months to see whether progressive.
- Autoantibody screen.

This is a controlled document and must be read in conjunction with all NNUH NHS Trust Policies and Procedures.

It is the responsibility of the user to ensure that they are aware of the current issue and printed copies (including blank forms) can only be deemed current at the time of printing. Please notify any changes required to the document approver.

Title: Neutropenia in Adult Patients Author: Dr A Collins Page 1 of 2

Review date: 18th January 2026

Document reference: (Q Pulse H.A011v9) TRUST DOC ID 4650 v8





# When should I refer?

Refer to AMU as a medical emergency if neutrophils <0.5 x 10<sup>9</sup>/L <u>and</u> temp. 38°C or above, or any other signs of infection. Treat as neutropenic sepsis on arrival.

Consider written referral to Haematologist if neutrophil count falls to <0.5 x 10<sup>9</sup>/L on repeat FBC, but patient well and on no incriminating drugs or if patient develops anaemia or thrombocytopenia. Many patients with neutropenia do not require intensive investigation.

Review date: 18th January 2026

Document reference: (Q Pulse H.A011v9) TRUST DOC ID 4650 v8