

HAEMATOLOGY

National Access Criteria for First Assessment [ACA]

Category Definitions : These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

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| 1. Immediate | - seen / treatment within 24 hours |
| 2. Urgent | - seen at next clinic but within 1 week |
| 3. Semi - Urgent | - within 4 weeks |
| 3. Routine | - within 12 weeks |

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

Category	Criteria	Examples (not an exhaustive list)
1. Immediate	• Major risk of/from infection	• Neutropenic sepsis • Newly diagnosed acute leukaemia/lymphoma
	• Major risk of/from bleeding	• Haemophilia • ITP with Platelets <20+ bleeding
	• Severe symptomatic anaemia	• Autoimmune haemolytic anaemia • Aplastic anaemia
	• Hyperviscosity	• Waldenstrom's macroglobulinaemia • CML with a very high WBC count • Polycythaemia with cerebrovascular symptoms
	• Cord compression • Acute renal failure • Hypercalcaemia • Tumour lysis syndrome	• Multiple myeloma • High grade Non-Hodgkins lymphoma • Burkitts lymphoma
2. Urgent	• Bone Pain • Risk of bone fracture • Renal impairment	• Multiple Myeloma
	• Moderate risk of infection	• Neutropenia <1 x 10 ⁹ /L
	• Moderate risk of bleeding	• Moderate/severe Thrombocytopenia < 50 x 10 ⁹ /L • New Haemophilia
	• Progressive symptomatic anaemia	• Some Myelodysplasia • Some Autoimmune Haemolytic Anaemia
	• Severe symptomatic leucocytosis	• Chronic Myeloid Leukaemia
	• Headaches/hyperviscosity	• Some Polycythaemia Rubra Vera (PRV) • Some Waldenstrom's Macroglobulinaemia
	• Lymphadenopathy/Lymphocytosis	• Stage C Chronic Lymphocytic Leukaemia

Category	Criteria	Examples (not an exhaustive list)
3. Semi - Urgent	<ul style="list-style-type: none"> • Moderate anaemia • Thrombotic Risk • Mild risk of spontaneous bleeding 	<ul style="list-style-type: none"> • Autoimmune Haemolytic Anaemia • Anaemia refractory to iron/B12/folate • Myeloproliferative conditions • PRV/Myelofibrosis/Essential • Thrombocythaemia • Thrombotic disorders for investigation • Waldenstrom's Macroglobulinaemia • Stage B Chronic Lymphocytic Leukaemia • Bleeding Diathesis for investigation
4. Routine	<ul style="list-style-type: none"> • Mild bleeding risk • No Pain/ No Impairment of Function • Mild infection risk • Mild anaemia 	<ul style="list-style-type: none"> • Stable/mild Thrombolytopenia Patients in this category may not need to be seen but specialsit input may be given through management guidelines • Possible Platelet Function Defect • Monoclonal Gammopathy of uncertain significance • Stage A Chronic Lymphocytic Leukaemia • Some Immunodeficiency • Macrocytosis for investigation • Erythrocytosis (not PRV) • Early myelodysplasia • Haemoglobinopathy for investigation/review • Chronic haemolytic anaemia (hereditary spherocytosis enzymopathies)

Additional Information:

- *Categorisation must take account of the patient's social situation, the severity of the haematological abnormalities and other co-morbid conditions.*
- *Acute referrals may be admitted directly to the inpatient unit having been assessed in the Emergency department or telephone conversation with the specialist.*