

Pediatric Hematology/Oncology

DIAGNOSIS	EVALUATION PRIOR TO REFERRAL	WHEN TO REFER	WHAT TO SEND	COMMENTS
Anemia	CBC, differential, retic count If >9gm/dl consider one month trial of iron, recheck hgb and retic If <9gm/dl, consider iron studies and therapy as appropriate Consider stool guaiac	WBC, absolute neutrophil count, platelet count are also low (or signs of systemic illness e.g. fever, bone pain, hepatosplenomegaly) Failure to respond to iron & stools negative for blood	Clinical notes and lab results	Call if clinical or laboratory results are concerning for leukemia or aplastic anemia
Abnormal newborn screen	Newborn screen If FS, FSA(sickle β+ Thal) or FSC start Penicillin 125mg BID	Patient documented to have FS, FSA or FSC. FAS (sickle cell trait) patients may be referred to local sickle cell foundation for counseling	Clinical notes and lab results	
Lymphadenopathy	CBC, differential, platelet ct. CXR Consider LFT's, LDH, uric acid, ESR	Abnormal CBC Supraclavicular adenopathy Persistent or progressive adenopathy that is unassociated with regional infection	Clinical notes and lab results	Call if supraclavicular adenopathy or adenopathy associated with abnormal CBC
Epistaxis	CBC, platelet count PT, PTT, platelet function screen If no other bleeding sites, consider ENT referral	Abnormal bleeding studies, persistent bleeding unexplained by nasal pathology or allergy	Clinical notes and lab results	