### 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

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**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.