



*Approved: March 2024*  
*Next Review: March 2027*

## **Polycythaemia**

Female: Haematocrit  $>0.48$  / Male: Haematocrit  $>0.52$

Urgent referral if any of the following:

- Female: Hct $>0.56$  / Male: Hct  $>0.60$  in the absence of congenital cyanotic heart disease
- Arterial or venous thromboembolism within the last 3 months
- Unexplained visual loss (also refer to eye clinic)
- Abnormal bleeding (if serious please discuss with the on call haematology team via switch)

If none of the above, then repeat in 2 months and consider secondary causes:

- Diuretics, testosterone replacement, anabolic steroids, empagliflozin, dapagliflozin
- Chronic hypoxia
- Smoking or alcohol excess
- Dehydration at the time of the test

If secondary causes present, address where possible (eg stop causative medications, lifestyle advice) and repeat in 3 months.

If no obvious secondary cause and persistently Hct  $>0.48$  (female) / Hct $>0.52$  (male), send JAK2 and refer routinely to haematology.

Note patients with erythrocytosis should not be given iron replacement.