

WBC LOW COUNT PROCEDURE

- St. Joseph Medical Center Tacoma, WA
- St. Clare Hospital Lakewood, WA
- St. Elizabeth Hospital Enumclaw, WA
- St. Francis Hospital Federal Way, WA
- St. Anthony Hospital Gig Harbor, WA
- PSC

PURPOSE

To provide instruction for handling CBC specimens with WBC counts less than 1.0 K/mcl.

SPECIMEN/EQUIPMENT REQUIREMENTS

Wrights or Wright-Giemsa stained EDTA peripheral blood smear
Microscope and immersion oil

RELATED DOCUMENTS

- | | |
|--|--------------|
| Hematology Slide Review | R-W-HEM1326 |
| Critical Value Policy | R-PO-AD0551 |
| Pathologist Review or Blood and Body Fluids-Criteria | R-PO-HEM0108 |
| Pathologist Review of Blood and Body Fluids | R-W-HEM0109 |

INSTRUCTIONS

1. Follow instructions for scanning the slide in work instruction, Hematology Slide Review Procedure.
2. Perform a WBC estimate to validate the instrument WBC count.

WBC COUNTS 0.4 OR GREATER

- Determine if an Auto-Diff or Manual Diff can be reported.
- Special care must be taken in this assessment for patient specimens from oncology and critical care units.

REPORTING RESULTS

Differential Criteria

1. The AUTO-DIFF may be reported if:
 - WBCs are sufficient to identify each cell type that has results on the printout.
 - WBCs are proportional to the percentages for each cell type.
 - A MAN DIFF is not indicated using slide review criteria.
 - The WBC count has been validated by a slide estimate.

AND

 - 2 or fewer Meta seen
 - 2 or fewer Myelo seen
 - 2 or fewer NRBCs (Check if WBC count needs correction).
 - 5 or fewer Variant Lymph

- 1 or fewer Plasma Cell
2. A MANUAL DIFF is required if:
- WBCs are QNS to identify each cell type on the printout.
 - WBCs appear out of proportion to the percentages.
 - Unusual or Abnormal cells are present.
- OR**
- more than 2 Meta or Myelo seen
 - more than 2 NRBC's (Check if WBC count needs correction).
 - more than 5 Variant Lymph
 - more than 2 Plasma Cell
 - Pro's, Blasts, Unidentifiable, Abnormal cells, Any Type

WBC COUNTS LESS THAN 0.4

1. A differential is not reportable. Perform the following steps:
 - Cancel the DIFF as QNS.
 - Credit the DIFF, if necessary (if not able to cancel).
2. If NO abnormal or immature cells were seen on the slide
 - Footnote the WBC (if not previously verified) with the two Cerner phrases
 - TFC (Too Few Cells to Perform Differential)
 - IMNO (No immature or abnormal cells seen.)
3. If Immature or abnormal cells were seen on the slide, footnote the WBC with the two Cerner phrases.
 - TFC (Too Few Cells to Perform Differential)
 - IMPR (Abnormal or Immature cells present)
 - PATHREV (Slide submitted for pathologist review)

PROCEDURE NOTE

All Critical Values must be called, see Critical Value Policy.
Order a pathologist slide review, CBC PR, if indicated.


REFERENCES

Suggested Criteria for Action Following Automated CBC and WBC Differential Analysis, The International Consensus Group for Hematology Review, International Society for Laboratory Hematology, 2007.
Operation Manual, LH750, Beckman Coulter.

DOCUMENT APPROVAL Purpose of Document / Reason for Change:

Updated with the current practice.

No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.

Committee Approval Date	<input checked="" type="checkbox"/> Date: 1/9/2014 <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	Medical Director Approval (Electronic Signature)	 1/6/14
--------------------------------	--	--	--