DMARD monitoring Abnormal FBC Algorithm

Algorithm for abnormal FBC on DMARD

```
              ┌─────────────────────┐
              │   Abnormal blood    │
              │   count on DMARD    │
              └─────────────────────┘
                         │
          ┌──────────────┴──────────────┐
          ▼                              ▼
┌─────────────────────┐      ┌─────────────────────┐
│ Platelets: 100-150  │      │  Platelets: <100    │
│   WCC: 2.0-4.0      │      │    WCC: <2.0        │
│ Neutrophils: 1.0-2.0│      │  Neutrophils: <1.0  │
└─────────────────────┘      └─────────────────────┘
          │                              │
          ▼                              ▼
┌─────────────────────┐      ┌─────────────────────┐
│  Stop therapy for 2 │      │ Stop treatment and  │
│  weeks and re-check │      │ contact Rheumatology│
└─────────────────────┘      └─────────────────────┘
          │                              ▲
          ▼                              │
┌─────────────────────┐      ┌─────────────┐
│    Bloods normal    │─────▶│     No      │
└─────────────────────┘      └─────────────┘
          │
          ▼
      ┌─────────┐
      │   Yes   │
      └─────────┘
          │
          ▼
┌─────────────────────┐
│ Recommence DMARD at │
│     lower dose      │
└─────────────────────┘
          │
          ▼
┌───────────────────────────────────┐
│ Methotrexate: reduce by 5mg/week  │
│ Sulfasalazine: Reduce by 500mg/day│
│ Azathioprine: Reduce by 50mg/day  │
│ Leflunomide: Reduce by 10mg/day   │
└───────────────────────────────────┘
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Sometimes a lower cut-off for WBC, neutrophils or platelets may have been agreed by the patient's consultant .

 If unsure please email us.

STOP DMARD IF NEUTROPENIC WITH ACTIVE INFECTION