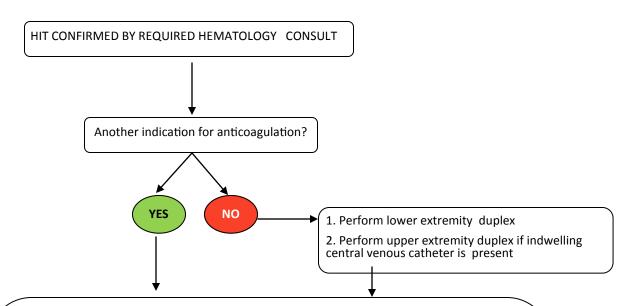
MANAGEMENT OF CONFIRMED HEPARIN-INDUCED THROMBOCYTOPENIA (HIT)



- 1. when platelet count has recovered to > 150,000, start (or re-start) warfarin at estimated maintenance dose (avoid loading doses)
- 2. overlap bivalirudin (or fondaparinux if no acute thrombosis, normal renal function, and no invasive procedures planned) and warfarin for a minimum of 5 days
- stop bivalirudin (or fondaparinux if no acute thrombosis, normal renal function and no Invasive procedures planned) when factor X activity (by chromogenic assay) is < 40%, after a minimum of 5 days of overlap
- 4. continue warfarin for:
 - 1 month (if no acute thrombosis)
 - 3 months (if acute thrombosis)
 - chronic therapy (if another indication for anticoagulation)