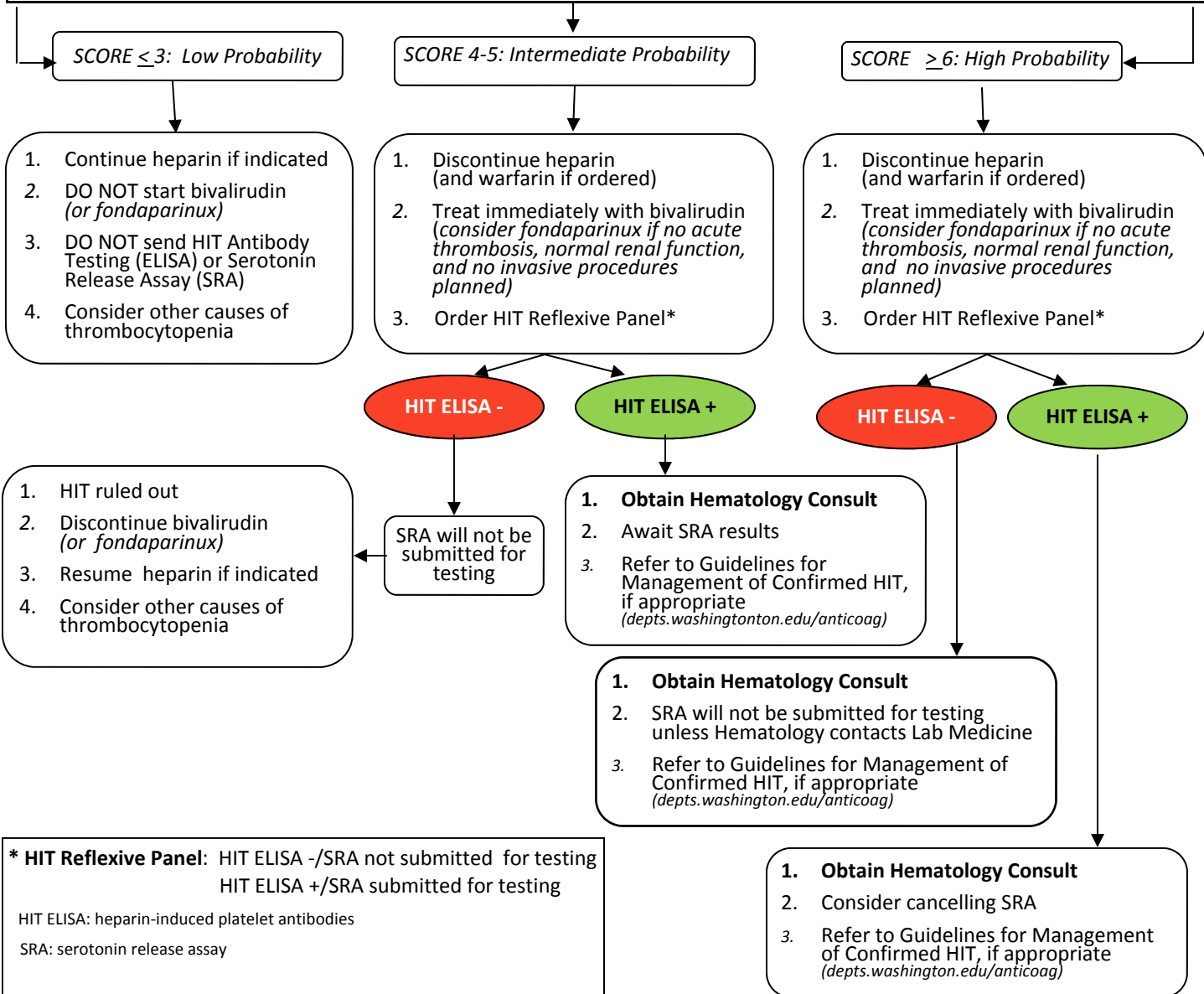


**MANAGEMENT OF SUSPECTED HEPARIN-INDUCED THROMBOCYTOPENIA (HIT)**

CALCULATE PRE-TEST PROBABILITY FOR HIT USING THE 4T SCORE			
Category	2 points	1 point	0 points
<b>Thrombocytopenia</b>	Platelet count fall > 50% AND platelet nadir $\geq 20 \times 10^9 L^{-1}$	Platelet count fall 30-50% AND platelet nadir $10-19 \times 10^9 L^{-1}$	Platelet count fall < 30% OR platelet nadir $< 10 \times 10^9 L^{-1}$
<b>Timing of platelet count fall from initiation of heparin</b>	Clear onset between days 5 and 10 of first exposure OR within 1 day of re-exposure after prior exposure within 30 days	Consistent with days 5–10 fall, but not clear (e.g. missing platelet counts) OR onset after day 10 OR within 1 day of re-exposure after prior exposure 30–100 days ago	Platelet count fall < 4 days AND no heparin exposure within the last 100 days
<b>Thrombosis or other sequelae</b>	New thrombosis (confirmed) OR skin necrosis at heparin injection sites OR acute systemic reaction after intravenous heparin bolus	Progressive or recurrent thrombosis OR non-necrotizing (erythematous) skin lesions or suspected thrombosis (not proven)	None
<b>Other causes for Thrombocytopenia*</b>	None apparent	Possible	Definite

\*chronic thrombocytopenia, new non-heparin medication; infection; DIC; intra-arterial device (eg, IABP, VAD, ECMO); cardiopulmonary bypass within 96 hrs



**\* HIT Reflexive Panel:** HIT ELISA -/SRA not submitted for testing  
 HIT ELISA +/SRA submitted for testing  
 HIT ELISA: heparin-induced platelet antibodies  
 SRA: serotonin release assay