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

**CALCULATE PRE-TEST PROBABILITY FOR HIT USING THE 4T SCORE**

<table>
<thead>
<tr>
<th>Category</th>
<th>2 points</th>
<th>1 point</th>
<th>0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrombocytopenia</td>
<td>Platelet count fall &gt; 50% AND platelet nadir ≥ 20 × 10⁹ L⁻¹</td>
<td>Platelet count fall 30-50% AND platelet nadir 10-19 × 10⁹ L⁻¹</td>
<td>Platelet count fall &lt; 30% OR platelet nadir &lt; 10 × 10⁹ L⁻¹</td>
</tr>
<tr>
<td>Timing of platelet count fall from initiation of heparin</td>
<td>Clear onset between days 5 and 10 of first exposure OR within 1 day of re-exposure after prior exposure within 30 days</td>
<td>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</td>
<td>Platelet count fall &lt; 4 days AND no heparin exposure within the last 100 days</td>
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<tr>
<td>Thrombosis or other sequelae</td>
<td>New thrombosis (confirmed) OR skin necrosis at heparin injection sites OR acute systemic reaction after intravenous heparin bolus</td>
<td>Progressive or recurrent thrombosis OR non-necrotizing (erythematous) skin lesions or suspected thrombosis (not proven)</td>
<td>None</td>
</tr>
<tr>
<td>Other causes for Thrombocytopenia*</td>
<td>None apparent</td>
<td>Possible</td>
<td>Definite</td>
</tr>
</tbody>
</table>

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

**SCORE < 3: Low Probability**

1. Continue heparin if indicated
2. DO NOT start bivalirudin (or fondaparinux)
3. DO NOT send HIT Antibody Testing (ELISA) or Serotonin Release Assay (SRA)
4. Consider other causes of thrombocytopenia

**SCORE 4-5: Intermediate Probability**

1. Discontinue heparin (and warfarin if ordered)
2. Treat immediately with bivalirudin (consider fondaparinux if no acute thrombosis, normal renal function, and no invasive procedures planned)
3. Order HIT Reflexive Panel*

**SCORE ≥ 6: High Probability**

1. Discontinue heparin (and warfarin if ordered)
2. Treat immediately with bivalirudin (consider fondaparinux if no acute thrombosis, normal renal function, and no invasive procedures planned)
3. Order HIT Reflexive Panel*

**HIT ELISA -**

1. HIT ruled out
2. Discontinue bivalirudin (or fondaparinux)
3. Resume heparin if indicated
4. Consider other causes of thrombocytopenia

SRA will not be submitted for testing

**HIT ELISA +**

1. Obtain Hematology Consult
2. Await SRA results
3. Refer to Guidelines for Management of Confirmed HIT, if appropriate (depts.washington.edu/anticoag)

**HIT Reflexive Panel**: HIT ELISA -/SRA not submitted for testing

HIT ELISA: heparin-induced platelet antibodies
SRA: serotonin release assay

* HIT Reflexive Panel: HIT ELISA -/SRA not submitted for testing

**HIT ELISA +**

1. Obtain Hematology Consult
2. SRA will not be submitted for testing unless Hematology contacts Lab Medicine
3. Refer to Guidelines for Management of Confirmed HIT, if appropriate (depts.washington.edu/anticoag)

**HIT Reflexive Panel**: HIT ELISA +/SRA submitted for testing

**UW Medicine HIT Management Taskforce**

September 2013