

# THROMBOCYTOPENIA IN PATIENT > 3 MONTHS

## REFERRAL GUIDELINE

MAINE CHILDREN'S CANCER PROGRAM • 100 CAMPUS DRIVE, SCARBOROUGH, ME • (207) 396-7565

### HIGH RISK

#### SUGGESTED EMERGENT CONSULTATION

##### SYMPTOMS AND LABS

**SYMPTOMS:** Significant lethargy, fevers, significant bleeding, ill appearing, bone pain, concerns for bleeding

**EXAM:** Hemodynamic instability, jaundice, organomegaly, petechial rash – especially wet purpura, Sig lymphadenopathy

**LABS:** With plts <20k, other labs based on clinical situation, **ANY Blasts or more than 1 cell line down**

##### SUGGESTED PREVISIT WORKUP

**LABS:** CBC with Diff and then other work up based on clinical setting – i.e. is suspect sepsis then coag studies, if suspect leukemia – labs looking for tumor lysis

**MANAGEMENT:** Pediatric heme/onc will determine etiology and management depending on the dx

### MODERATE RISK

#### SUGGESTED CONSULTATION OR CO-MANAGEMENT

##### SYMPTOMS AND LABS

**SYMPTOMS/HISTORY:** Pretty unremarkable symptoms – other than what might be explained by low plts, minimal concerns for bleeding

**EXAM:** Hemodynamically stable, no organomegaly or concerning LAD, look for skeletal abnormalities, may have petechial rash but **NO wet purpura**

**LABS:** CBC unremarkable except platelet count which would be >20k but < 100k

##### SUGGESTED WORKUP

**LABS:** CBC with Diff and then others based on clinical setting

**MANAGEMENT:** Should be seen – especially if CBC is repeated and still has thrombocytopenia to determine underlying etiology

### LOW RISK

#### SUGGESTED ROUTINE CARE

##### SYMPTOMS AND LABS

**SYMPTOMS/HISTORY:** Clinically asymptomatic or very mild concerns, no concerns for bleeding

**EXAM:** Unremarkable clinical exam with essentially normal vital signs

**LABS:** nl CBC except plt count > 100k but less than normal values

##### SUGGESTED MANAGEMENT

**Labs:** CBC with Diff – most patients with this platelet count will be asymptomatic – so likely to be picked up on a routine screen

**MANAGEMENT:** Repeat CBC in 3-4 weeks – in no resolution of the low plts may need to refer – may also be due to platelet clumps and not real thrombocytopenia

## CLINICAL PEARLS

- Dx of ITP
  - Usually an otherwise benign hx
  - No prolonged fevers
  - No bone pain
  - ? recent mild viral illness
  - Patient is otherwise well appearing and exam does not have
  - Sig Lymphadenopathy
  - No organomegaly
  - CBC is unremarkable EXCEPT for low plts – other cell lines are essentially normal
  - In older patients (>10 yo and especially girls) need to think of Lupus

- Tx of ITP
  - For the most part most patients do NOT need treatment
  - Studies have shown that CNS bleeding or other sig bleed is rare – EXCEPT if patient has wet purpura
  - At MCCP our first line tx is 1 dose of IVIG
  - Patient should NOT be started on steroids without seeing peds heme/onc first
  - Especially in younger children it is often a self-limiting disease that resolves in 6 months and may never need a second intervention

Maine Medical  
PARTNERS

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