THROMBOCYTOPENIA IN PATIENT > 3 MONTHS

**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

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**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

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**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

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**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

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**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

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**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

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**SUGGESTED EMERGENT CONSULTATION**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SUGGESTED ROUTINE CARE**

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**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 lIvG
  - 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

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**REFERRAL GUIDELINE**

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.