

# Management of Suspected Heparin-Induced Thrombocytopenia (HIT)

## Adult Critical Care

### 1. Calculate pre-test probability for HIT using 4T Score

Category	2 points	1 point	0 points
<b>Thrombocytopenia</b>	Platelet count fall > 50% AND nadir $\geq 20 \times 10^9 \text{ L}^{-1}$	Platelet count fall 30-50% AND nadir $10-19 \times 10^9 \text{ L}^{-1}$	Platelet count fall < 30% OR nadir $< 10 \times 10^9 \text{ L}^{-1}$
<b>Timing of Platelet Count Fall From Heparin Initiation</b>	Clear onset between days 5-10 of first exposure OR within 1 day of re-exposure after prior heparin use within 30 days	Consistent with days 5-10 fall, but not clear (e.g., missing data, platelets rise and fall) OR onset after day 10 OR within 1 day of re-exposure after prior heparin use within 30-100 days	Platelet count fall < 4 days AND no heparin exposure last 100 days
<b>Thrombosis or other sequelae</b>	New confirmed thrombosis OR necrosis at heparin injection site OR acute systemic reaction after IV heparin bolus	Progressive or recurrent thrombosis OR non-necrotizing (erythematous) skin lesions or suspected thrombosis (not proven)	None
<b>Other Causes for Thrombocytopenia<sup>1,2</sup></b>	None apparent	Possible	Definite
<p>1. Chronic thrombocytopenia; infection; DIC; intra-arterial device (e.g., IABP, VAD, ECMO); Cardiopulmonary bypass within 4 days</p> <p>2. New non-heparin medication. PCNs, cephs, sulfonamides, GPIIb/IIIa Inhibitors, linezolid, SMX-TMP, vancomycin, VPA, phenytoin, digoxin have highest incidence. Mean onset 7-14d, often nadir <math>&lt; 20 \times 10^9 \text{ L}^{-1}</math>. Recovery begins within 1-2d after discontinuation.</p>			