



HEPARIN-INDUCED THROMBOCYTOPENIA (HIT) ANTIBODY ASSAY REQUEST

National guidelines (www.bcsghguidelines.com) recommend clinical assessment for pre-test probability of HIT based on 4 clinical parameters (“The 4 Ts”, see below) before requesting a HIT-assay. All cases of possible HIT should be discussed with your local Haematologist.

HIT is unlikely at scores 0-3, and requests in this situation need to be discussed with SNBTS medical staff . Please send complete form and correct sample to your local blood bank for forwarding to SNBTS.

***Incomplete requests or incorrectly labelled samples will not be processed.
Sample requirement: 2-4 mls clotted blood (red or yellow top)***

| | | | | |
|--|---------------------------|------------------------|---------------|-----------------------------------|
| Surname | Forename | Gender: Male/Female | Date of Birth | High Risk of Infection Yes/ No |
| CHI number | Hospital | Ward | Consultant | |
| Address | | | | |
| Name of requesting person (print) | | Signature & Date | | Contact details |
| Clinical details incl. indication for Heparin: | | | | |
| Prophylactic/therapeutic/line flush | Type of Heparin: UFH/LMWH | | Route: IV/SC | |
| Date and platelet count (pc) when Heparin commenced: Date and pc at onset of thrombocytopenia: Date and pc at nadir: Date and pc when HIT assay requested: Heparin exposure in last 100 days prior to this episode: Yes/No (please circle) if YES, give details: | | | | |

PLEASE FILL IN 4Ts SCORE!

Scoring of the “4 Ts” – please circle each applicable item Total score for this patient=_____

| “The Four Ts” | Points (0, 1, 2 for each of 4 categories; maximum score = 8) | | |
|---|---|--|---|
| | 2 points | 1 point | 0 points |
| Timing | Onset between d5-10; or ≤ 1 day if Heparin exposure within past 30days | Onset after d10; or ≤ 1 day if Heparin exposure within past 30-100 days; or time of onset unclear | Onset $\leq d4$ without recent Heparin exposure |
| Thrombocytopenia | $>50\%$ fall and platelet nadir $\geq 20 \times 10^9/l$ | 30-50% fall or platelet nadir $10-19 \times 10^9/l$ | $<30\%$ fall or platelet nadir $< 10 \times 10^9/l$ |
| Thrombosis | New thrombosis; skin necrosis; post-Heparin bolus acute systemic reaction | Suspected thrombosis – not yet confirmed; progressive or recurrent thrombosis; erythematous skin lesions | None |
| Other causes of thrombocytopenia e.g. drugs (see BNF), sepsis, DIC, BM failure etc. | No other cause evident | Possible other cause identifiable | Definite other cause is present |

(table taken from: BCSH and NHS Greater Glasgow Haematology HIT guideline)

Interpretation (please refer also to local HIT guideline)

| SCORE | PROBABILITY OF HIT | CONCLUSION/SUGGESTED ACTION | REPORT AUTHORISATION |
|------------|--------------------|--|--|
| 0-3 Points | LOW | HIT assay not recommended; liaise with your local Haematologist and investigate for other causes of thrombocytopenia | BMS: Medical Staff: |
| 4-5 Points | INTERMEDIATE | Stop Heparin; liaise with your Haematologist for decision on alternative anti-coagulation; request HIT-assay | Copy Report <input type="checkbox"/> Amended Report <input type="checkbox"/> |
| 6-8 Points | HIGH | Stop Heparin; liaise with your Haematologist for decision on alternative anti-coagulation; request HIT-assay | BMS: Medical Staff: |

