Sheffield Teaching Hospitals NHS Trust Directorate of Laboratory Medicine Department: Coagulation

Section: Platelets

Procedure No. RGP021 Revision No. 1.5 Page 6 of 6

Reg. No.			
Name (Surname in block of	capitals)		
Date of Birth	Sex		Hospital
Ward/dept.		Consultant	
Date		Time	

Estimating the Probability of HIT: the 4 T's						
Probability of HIT score: 6-8 = High 4-5 = Intermediate 0-3 = low	Points (0, 1, or 2 for each of 4 categories: Maximum possible score =8)					
	2	1	0	Score		
<u>T</u> hrombocytopenia	>50% fall or platelet nadir 20-100 x 10 <sup>9</sup> /l	30-50% fall or platelet nadir 10-19 x 10 <sup>9</sup> /l	Fall <30% or platelet nadir <10 x 10 <sup>9</sup> /l			
<u>T</u> iming* of platelet count fall or other sequelae	Clear on set between days 5- 10; or less than 1 day (if heparin exposure within past 100 days)	Consistent with immunisation but not clear (e.g. missing platelet counts) or onset of thrombocytopenia after day 10	Platelet count fall too early (without recent heparin exposure)			
<u>T</u> hrombosis or other sequelae (e.g., sink lesions)	New thrombosis; skin necrosis; post heparin bolus acute systemic reaction	Progressive or recurrent thrombosis; erythematous skin lesions; suspected thrombosis not yet proven	None			
o <u>T</u> her cause for thrombocytopenia are not evident	No other cause for platelet count fall is evident	Possible other cause is evident	Definite other cause is present			
			Total=			

Authority carry out laboratory testing.....

<sup>\*</sup> First day of immunising heparin exposure considered day 0; the day the platelet count begins to fall is considered the day of onset of thrombocytopenia (it generally takes 1-3 days more until an arbitrary threshold that defines thrombocytopenia is passed)