

Children's Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

<h2 style="text-align: center;">Thrombocytopenia</h2> <p style="text-align: center;">A condition in which the patient has a low blood platelet count. Normal platelet count is 150,000 to 400,000 throughout childhood.</p>				
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Hematology Clinic:	What can referring provider send to Hematology Clinic?	Specialist's workup will likely include:
<p>Signs and symptoms: Onset, Bleeding site, Severity</p> <ul style="list-style-type: none"> Acute: petechiae, purpura, epistaxis, menorrhagia Chronic: easy bruising, epistaxis, prolonged and/or frequent menstrual bleeding 	<p>Diagnosis and Treatment (diagnosis is dependent):</p> <ul style="list-style-type: none"> For acute ITP: observation, acute steroid burst, IVIG For chronic states: episodic platelet transfusion, immune suppressive medications such as rituxan, splenectomy depending on reason for thrombocytopenia, thrombopoietin-receptor mimetics <p>Initial evaluation and therapy:</p> <ul style="list-style-type: none"> History and physical exam CBC, differential, Coagulation studies 	<ul style="list-style-type: none"> Sudden onset of moderate- severe thrombocytopenia (<20,000 platelets) Chronic thrombocytopenia of unknown cause Thrombocytopenic patient with uncontrolled bleeding Thrombocytopenic patient to undergo surgical intervention 	<p>1. Using Epic</p> <ul style="list-style-type: none"> Please complete the external referral order <p>In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:</p> <ul style="list-style-type: none"> Urgency of the referral What is the key question you would like answered? <p>Note: Our office will call to schedule the appointment with the patient.</p> <p>2. Not using Epic external referral order:</p> <ul style="list-style-type: none"> In order to help triage our patients maximize the visit time, please fax the above information to (414-607-5288) 	<ul style="list-style-type: none"> CBC, differential, and reticulocyte count and smear Consideration of coagulation studies Genetic analysis for chronic thrombocytopenia syndromes More than one cell line is involved, consideration of bone marrow aspiration biopsy ANA, HIV studies for new onset ITP in an adolescent <p>After referral to Hematology Clinic:</p> <ul style="list-style-type: none"> For acute ITP: CBC to be followed at local clinic with phone contacts between primary physician's office and pediatric hematology For chronic thrombocytopenic syndromes: observation with eventual genetic testing to be performed if thrombocytopenia persists for greater

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			<ul style="list-style-type: none"> • It would also be helpful to include: <ul style="list-style-type: none"> • Chief complaint, onset, frequency • Recent progress notes • Labs and imaging results • Other Diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems. 	<p>than one year and there is no pre-existing history of a normal platelet count</p>
<p><u>Causes</u></p> <ul style="list-style-type: none"> • ITP, most common cause of acute thrombocytopenia children in otherwise well child • Consumptive coagulopathy (DIC, HUS, TTP) in moderate to severely ill child children • Chronic thrombocytopenic syndromes, likely genetic and etiology in a well-child with chronic thrombocytopenia 				