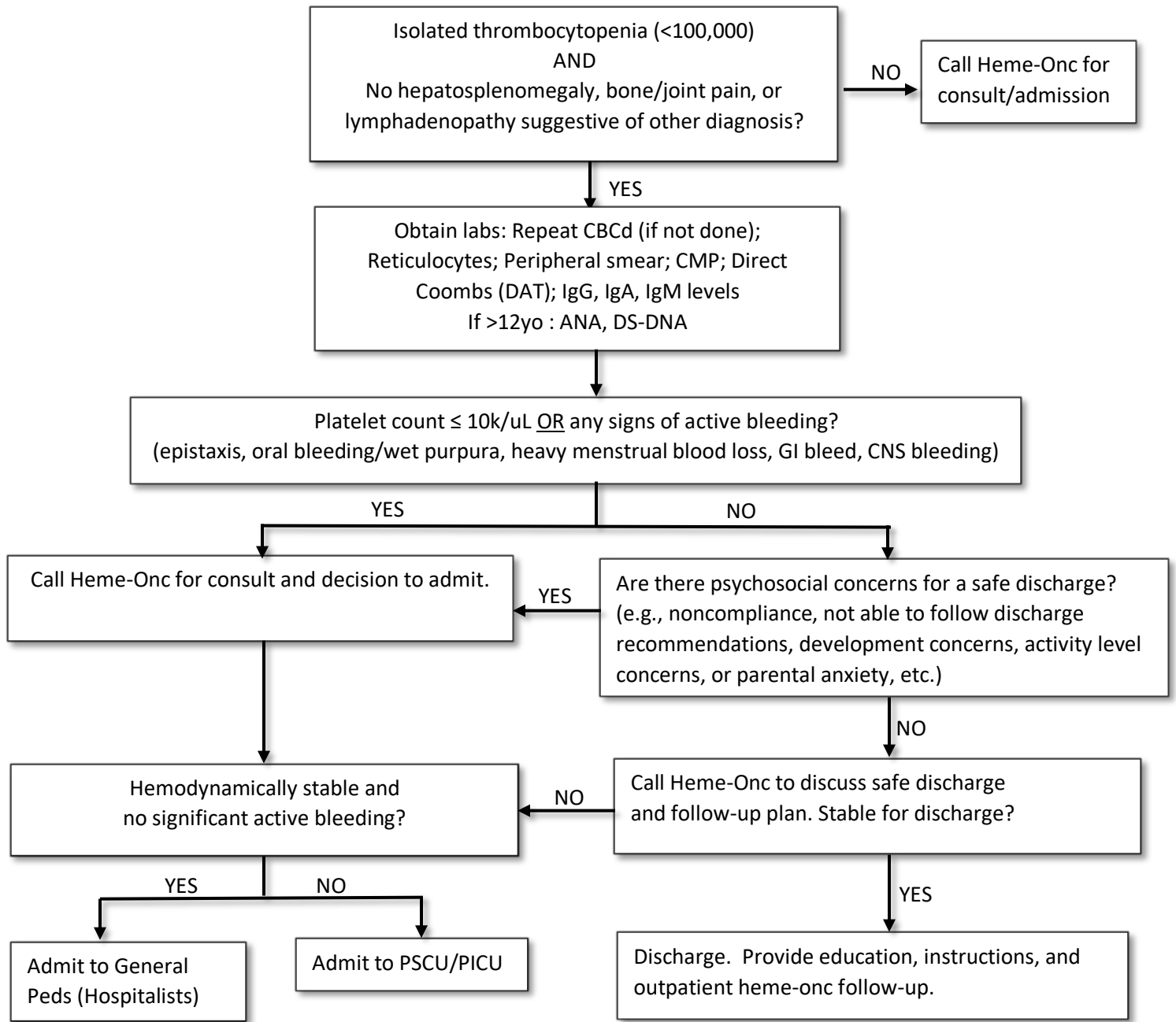


ITP Evaluation/Admission Pathway



Significant bleeding (rare):

- Prolonged epistaxis (>10 min with proper pressure applied)
- GI bleeding
- CNS bleeding

ITP inpatient management

- Obtain Initial labs if not already done (prior to giving IVIG)
- Vitals q4hrs
- Consult heme-onc on admission
- Treat with IVIG 1g/kg once with pre-medication
- Check platelet count 12 hours after IVIG infusion complete
 - If platelet count does NOT improve as expected (remains ≤ 20), discuss with heme-onc trending labs vs additional doses of IVIG +/- other therapies
- When to transfer patient care to heme-onc service:
 - Significant active bleeding
 - Not isolated thrombocytopenia
 - Additional findings suggestive of other diagnosis (HSM, joint pain, lymphadenopathy, anemia, abnormal WBC/diff)
 - No improvement with IVIG/adjunctive therapies.

Discharge Criteria

- Platelets improved s/p therapy as expected (and platelets > 20k)
- No active bleeding
- ITP education and anticipatory guidance provided
- Heme-onc follow-up scheduled (2-4 weeks)