

**INTERNATIONAL DIVISION** - Tel.: +33 (0)4 72 80 23 85 - Fax: +33 (0)4 72 80 73 56 - E-mail: [international@biomnis.com](mailto:international@biomnis.com)

## PATIENT DETAILS

First name(s): .....

Surname: .....

Date of birth: | | | | | | | | | |

## DEPARTMENT/WARD

Department/ward: .....

Prescribing clinician: .....

Telephone number of ward: |\_|\_|||\_|\_|||\_|\_|||\_|\_||

## CURRENT HEPARIN TREATMENT

Name of heparin: ..... Start date of treatment:     | | | | | | | |

Indication : ..... End date of treatment:      | | | | | | | |

### PRIOR HEPARIN TREATMENT (< 3 MONTHS)

Heparin name: .....

☐ YES      ☐ NO

Date of treatment: | | | | | | | | | |

## CURRENT DANAPAROID RELAY TREATMENT

Start date of treatment: |\_|\_|\_|\_|\_|\_|\_|\_|

☐ YES      ☐ NO

## ONSET OF CLINICAL HEPARIN INDUCED THROMBOSIS

Date of DOPPLER/SCAN: | | | | | | | | | |

☐ YES      ☐ NO

## OTHER POSSIBLE CAUSES OF THROMBOPAENIA

- |   |                              |                             |                                  |
|---|------------------------------|-----------------------------|----------------------------------|
| • Current infection, disseminated intra vascular coagulation: ..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Unknown |
| • Other causes (surgery, chemotherapy etc.): .....                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Unknown |
| • Other medication responsible for thrombopaenia: .....             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Unknown |

COUNT	Before heparin	Day 0	Day 1	...	...	...	...
Date							
Platelets (G/L)							
Hb (g/L)							

#### 4 T'S CLINICAL PROBABILITY SCORE

## THROMBOPAENIA

- |  |           |                          |
|--|-----------|--------------------------|
| • ↓ > 50% AND nadir level > 20 G/L AND no surgery in the last 3 days | Score = 2 | <input type="checkbox"/> |
| • Other cases  | Score = 1 | <input type="checkbox"/> |
| • ↓ < 30% OR platelet count = < 10 G/L                               | Score = 0 | <input type="checkbox"/> |

## THROMBOPAENIA KINETICS

- |  |           |                          |
|--|-----------|--------------------------|
| • $\blacktriangledown$ between the 5th and 10th day OR $< 1$ day if previous exposure to heparin ( $< 30$ days)    | Score = 2 | <input type="checkbox"/> |
| • Compatible but not certain OR $\blacktriangledown$ after 10 days OR previous exposure to heparin ( $< 3$ months) | Score = 1 | <input type="checkbox"/> |
| • Early onset of thrombopaenia ( $< 4$ days) without recent exposure to heparin                                    | Score = 0 | <input type="checkbox"/> |

## THROMBOSIS AND/OR SKIN LESIONS

- |  |           |                          |
|--|-----------|--------------------------|
| • New cases of thrombopaenia; cutaneous necrosis; systemic reaction following a heparin bolus; adrenal haemorrhage | Score = 2 | <input type="checkbox"/> |
| • Suspected thrombosis under investigation; erythematous cutaneous lesions   | Score = 1 | <input type="checkbox"/> |
| • Suspected or not investigated thrombosis   | Score = 0 | <input type="checkbox"/> |

## OTHER CAUSES OF THROMBOPAENIA

- |   |           |                          |
|---|-----------|--------------------------|
| • No cause of thrombopaenia highlighted   | Score = 2 | <input type="checkbox"/> |
| • Other possible causes   | Score = 1 | <input type="checkbox"/> |
| • Other known cause (surgery < 3 days ago, sepsis with microbiological involvement, etc.) | Score = 0 | <input type="checkbox"/> |

CLINICAL PROBABILITY OF HIT	HIGH	MEDIUM	LOW
Total score	6 - 8	4 - 5	0 - 3