

Children’s 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 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 150,00 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:	Model of Care
<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>Initial evaluation and therapy:</p> <ul style="list-style-type: none"> History and physical exam CBC, differential, Coagulation studies if bleeding (PT, PTT, consider von Willebrand testing) <p>If ITP, some pediatricians may prefer to manage without referral.</p>	<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>IF SEVERE THROMBOCYTOPENIA AND BLEEDING PLEASE CALL OUR CLINIC</p>	<p>Internal Provider using Epic: Place Ambulatory Referral to Hematology.</p> <p>External Provider using EPIC: Please complete the external referral order to CHW HEMATOLOGY & ONCOLOGY CLINICS - or - Fax to Hematology at (414) 266-2426 - or - Online ambulatory referral form</p> <p>Please include:</p> <ul style="list-style-type: none"> History and physical exam including past medical history Recent laboratory studies especially CBC and differential 	<ul style="list-style-type: none"> CBC, differential, and reticulocyte count and smear Consideration of coagulation studies Genetic analysis for chronic thrombocytopenia syndromes If 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 lab or PMD office with phone contacts between primary physician’s office and pediatric hematology For chronic thrombocytopenic syndromes: observation with eventual genetic testing to be 	<p>Initial consultation with followup care by primary physician, perhaps with input or additional hematology followup</p> <p>If ITP, initial treatment observation vs steroids, possibly IVIG. Chronic treatment may involve immune suppression, thrombopoietin receptor mimetics, splenectomy.</p> <p>If congenital platelet problem, may need treatment for bleeding with desmopressin, antifibrinolytics, platelet transfusion.</p>



			Office Number: (414) 266-2420	performed if thrombocytopenia persists for greater than one year and there is no pre-existing history of a normal platelet count	
<p>Causes</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 children • Chronic thrombocytopenic syndromes, likely genetic and etiology in a well-child with chronic thrombocytopenia 					
<p>References</p> <p>ITP: new guidelines available at https://ashpublications.org/bloodadvances/article/3/23/3829/429213/American-Society-of-Hematology-2019-guidelines-for</p> <p>General thrombocytopenia: https://www.uptodate.com/contents/approach-to-the-child-with-unexplained-thrombocytopenia#:~:text=Thrombocytopenia%2C%20defined%20as%20a%20platelet,or%20bleeding%2C%20or%20mucosal%20hemorrhage.</p> <p>Isolated thrombocytopenia: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6056371/</p>					

*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

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For questions concerning this work,
 Contact mdconnect@childrenswi.org
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Up to date citations 4/10/2024

https://www.uptodate.com/contents/immune-thrombocytopenia-its-in-children-clinical-features-and-diagnosis?search=pediatric%20itp&source=search_result&selectedTitle=3%7E150&usage_type=default&display_rank=3

https://www.uptodate.com/contents/immune-thrombocytopenia-its-in-children-initial-management?search=pediatric%20itp&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2

General thrombocytopenia

https://www.uptodate.com/contents/approach-to-the-child-with-unexplained-thrombocytopenia?search=pediatric%20thrombocytopenia&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1



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