



DEPARTMENT OF HAEMATOLOGY - SEALS

Questionnaire for assessment of probability of Heparin Induced Thrombocytopenia

Name of patient:

Name of person completing form:

MRN of patient:

Pager/Contact No: _____

1. Indication for heparin and date commenced: _____
2. Anticoagulant used and dose:
Unfractionated heparin: _____
Low molecular weight heparin: _____
3. Last dose (Date and time): _____
4. Has there been previous exposure to heparin? (<100 days) Y N
5. Has there been a previous history of HITT?

Thrombocytopenia and timing of platelet count fall

1. What is the baseline platelet count (pre-anticoagulation)? _____
Date: _____
2. What is the lowest platelet count? _____ Date: _____
3. If the heparin or LMWH has been ceased, has there been an improvement in the platelet count? Y N

Thrombosis or other sequelae (e.g. skin lesions)

1. Has there been new thrombosis? Y N
If yes, is the thrombosis
Suspected
New
Recurrent
Progressive
2. Are there skin lesions from the heparin injection? Y N
If yes, are these lesions
Skin necrosis
Erythematous
3. Was there an acute systemic reaction post heparin bolus? Y N

Other causes for thrombocytopenia

None Possible Definite

Please provide details of alternative causes for thrombocytopenia:

Please fax the responses **ASAP** to: **SEALS North (02) 93829116, SEALS Central (02) 91133942.**

For any enquiries, phone (02) 9382 9003 or (02) 91133428.

The results of this will help determine the likelihood of Heparin induced thrombocytopenia and whether further investigations are required.

Please note that HITTs still remains a clinical diagnosis.