Thrombocytopenia

Children's Hospital LOS ANGELES® CARE NETWORK

Platelet count <150 x10^6/L?

— Yes →

Clumping noted on smear?

— Yes → Artifactual Thrombocytopenia or Pseudothrombocytopenia

*Pseudothrombocytopenia is caused by EDTA-dependant antibodies. Na Citrate (blue top) tube used for accurate platelet counts

— Yes → Retest with Na Citrate tube and if clumping is still present repeat pathway from beginning

No

Red Flags?
- Other cytopenias
- Blasts on smear
- Significant weight loss
- Hepatosplenomegaly
- Lymphadenopathy
- Less than 6 months of age

— Yes → Refer to ED

No

Significant bleeding?
- Prolonged epistaxis
- Oral bleeding
- Hematuria
- Hematochezia/ Melena
- Heavy/prolonged menses or dysfunctional uterine bleeding
- Concern for ICH
- Traumatic injury

— Yes → Refer to ED

No

Concern for ITP**
OR
Bleeding limited to bruising or petechiae only

— Yes → Urgent referral to Hematology

No

Routine referral to Hematology

**Features Suggestive of Acute, Newly Diagnosed ITP:
-Acute onset (normal platelet count prior)
-No other CBC abnormalities
-May have recent history of viral infection or vaccination (MMR vaccine strongest association: 1-3 per 100,000 doses)
-Otherwise well appearing child
-Usually elevated mean platelet volume (MPV) or immature platelet fraction (IPF)
-Typically severely low platelet count (<20x10^9/L)

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