

Dietary History

medications

Family Hx of bleeding disorders

If newborn ask about maternal

PLT count, medical history and

Review Medications list

APPROACH TO THROMBOCYTOPENIA

Check previous PLT counts

Bone marrow examination **ONLY IF**:

Involvement of other blood cell

lines (anemia or neutropenia)

Peripheral blood smear

Blasts on smear

Red Flag Symptoms



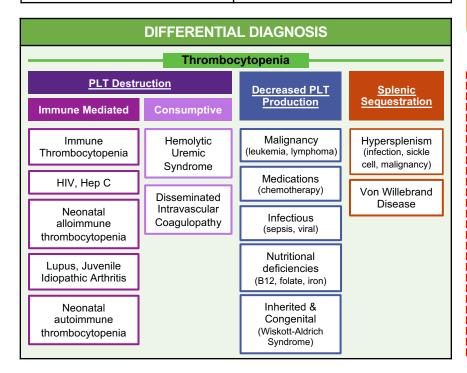
PRESENTATION PHYSICAL EXAM **HISTORY** ABCs and vital signs Bleeding Hx (stable or unstable) Provoked (trauma, surgery) or spontaneous Purpura, petechiae, ecchymoses, mucocutaneous bleeding Deep or superficial bleeds Altered consciousness, abnormal Red Flag Symptoms pupils, slurred speech Fever, weight loss, night Lymphadenopathy (malignancy) sweats, bone pain, fatigue Hepatosplenomegaly Swollen joints or rash Prodromal illness **INVESTIGATIONS** Recent live vaccination (MMR) Recent travel CBC (isolated PLT vs. pancytopenia)

Definition of thrombocytopenia: platelet (PLT) count < 150,000/µL

SIGNS AND SYMPTOMS	
Platelet (x 10 ³ /μL)	Example of Bleeding Risk
> 100	Asymptomatic
50 - 100	Post-operative bleeding & bruising
20 - 50	Petechiae, purpura, ecchymoses
5 - 20	Epistaxis or gingival bleeding
< 10	GI bleeding, heavy menstrual bleeding or intracranial hemorrhage

IMMUNE THROMBOCYTOPENIA (ITP)

- #1 etiology in children
- Sudden severe drop in PLT count often associated with petechiae and mild bruising
- Ask about recent viral illnesses or live vaccine administration
- Majority recover with observation, however, may require corticosteroids or IVIG



DISSEMINATED INTRAVASCULAR COAGULOPATHY (DIC)

- thrombosis &
 bleeding
- Prolonged PTT, INR
- Low fibrinogen
- Sick patient requiring PICU
- Identify and treat the underlying cause (e.g., sepsis, trauma or malignancy)
- PLT transfusion may be indicated if significant bleeding
- Transfusion thresholds vary based on clinical situation (<10-100 x 10³/µL PLT)
- > 5-10 mL/kg PLT transfusion (max 300 mL) over 1 hour