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 Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

**Thrombocytopenia**
A condition in which the patient has a low blood platelet count. Normal platelet count is 150,000 to 400,000 throughout childhood

<table>
<thead>
<tr>
<th>Diagnosis/symptom</th>
<th>Referring provider’s initial evaluation and management:</th>
<th>When to initiate referral/ consider refer to Hematology Clinic:</th>
<th>What can referring provider send to Hematology Clinic?</th>
<th>Specialist's workup will likely include:</th>
<th>Model Of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signs and symptoms: onset, bleeding site, severity</strong></td>
<td>Diagnosis and Treatment (diagnosis is dependent):</td>
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<td>Acute: petechiae, purpura, epistaxis, menorrhagia</td>
<td>For acute idiopathic thrombocytopenic purpura (ITP): observation, acute steroid burst, IVIG</td>
<td>Sudden onset of moderate-severe thrombocytopenia (&lt;20,000 platelets)</td>
<td>1. Using Epic referral form, please complete:</td>
<td>CBC, differential, and reticulocyte count and smear</td>
<td>Hold for future use**</td>
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<tr>
<td>Chronic: easy bruising, epistaxis, prolonged and/or frequent menstrual bleeding</td>
<td>For chronic states: episodic platelet transfusion, immune suppressive medications such as rituxan, splenectomy depending on reason for thrombocytopenia, thrombopoietin-receptor mimetics</td>
<td>Chronic thrombocytopenia of unknown cause</td>
<td>1. Urgency of the referral</td>
<td>Consideration of coagulation studies</td>
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<tr>
<td></td>
<td></td>
<td>Thrombocytopenic patient with uncontrolled bleeding</td>
<td>2. What is the patient’s chief complaint</td>
<td>Genetic analysis for chronic thrombocytopenia syndromes</td>
<td></td>
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<td></td>
<td></td>
<td>Thrombocytopenic patient to undergo surgical intervention</td>
<td>3. Describe details</td>
<td>More than one cell line is involved, consideration of bone marrow aspiration biopsy</td>
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<td></td>
<td>Initial evaluation and therapy:</td>
<td></td>
<td>4. Pertinent past medical history</td>
<td><strong>ANA, HIV studies for new onset ITP in an adolescent</strong></td>
<td></td>
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<td></td>
<td>• History and physical exam</td>
<td></td>
<td>5. Abnormal lab or imaging findings</td>
<td>After referral to Hematology Clinic:</td>
<td></td>
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<tr>
<td></td>
<td>• CBC, differential, coagulation studies</td>
<td></td>
<td>6. What is the key question you want addressed</td>
<td>• For acute ITP: CBC to be followed at local clinic with</td>
<td></td>
</tr>
</tbody>
</table>

1. Using Epic referral form, please complete:
   - Urgency of the referral
   - What is the patient’s chief complaint
   - Describe details
   - Pertinent past medical history
   - Abnormal lab or imaging findings
   - What is the key question you want addressed
   - Does patient have psychosocial stressors or mental health concerns

2. Not using Epic referral form:
   - CBC, differential, and reticulocyte count and smear
   - Consideration of coagulation studies
   - Genetic analysis for chronic thrombocytopenia syndromes
   - More than one cell line is involved, consideration of bone marrow aspiration biopsy
   - **ANA, HIV studies for new onset ITP in an adolescent**

After referral to Hematology Clinic:
- For acute ITP: CBC to be followed at local clinic with

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Updated on: 6/20/2017
Updated by: Paul Scott, MD
Please fax **(414) 266-2426**
the above information **and** include:
- History and physical exam including past medical history
- Recent laboratory studies especially CBC and differential

Office number: **(414) 266-2420**

phone contacts between primary physician’s office and pediatric hematology
- For chronic thrombocytopenic syndromes: observation with eventual genetic testing to be performed if thrombocytopenia persists for greater than one year and there is no pre-existing history of a normal platelet count

### Causes
- ITP, most common cause of acute thrombocytopenia children in otherwise well child
- Consumptive coagulopathy (DIC, HUS, TTP) in moderate to severely ill child children
- Chronic thrombocytopenic syndromes, likely genetic and etiology in a well-child with chronic thrombocytopenia