

**FOUR T's SCORING SYSTEM  
FOR HEPARIN-INDUCED THROMBOSIS-DISEASE**

<b>INTERPRETATION:</b>  <b>6+ pts: High Risk</b>  <b>4-5 pts: Intermediate</b>  <b>0-3 pts: Low</b>	<b>Points Assigned</b>		
	<b>0</b>	<b>1</b>	<b>2</b>
<b>T</b> hrombocytopenia	PLT count declines by <30%, or by <10x10 <sup>9</sup> /L	PLT count declines 30-50%, or by 10-19x10 <sup>9</sup> /L	PLT count declines >50%, or by 20-100x10 <sup>9</sup> /L
<b>T</b> iming	PLT count fall doesn't follow a Heparin exposure	Relationship to Heparin exposure is consistent but not certain, or insufficient data available, or occurs AFTER Day 10	Clearly noted onset between days 5-10 of Heparin exposure, or in less than 1 day if the patient was Heparin-exposed in last 100 days
<b>T</b> hrombosis present (or other sequelae)	None evident	Progressive/Recurrent RED skin lesions at injection site occur, or a new clot is <u>Suspected</u> .	New <u>Clot diagnosed</u> Skin NECROSIS occurs Acute Bolus-Reaction occurs
No o <b>T</b> her causes are clinically evident.	An plausible alternative cause is clearly present.	Possible other cause present.	No other cause is at all evident clinically.
<p>Lo GK, Warkentin TE, Sigouln CS, Eichler P, Greinacher. Evaluation of a pretest clinical score (4Ts) for the diagnosis of heparin-induced thrombocytopenia in two clinical settings. <i>J Throb Haemost</i> 2006; 4:759-765.</p> <p style="text-align: right;">Warkentin et al, Brit Jrn Hem, 2003</p>			

**ACTIONS IN THE PRESENCE OF SUSPECTED H.I.T.**

- A. Undelayed Cessation of all UFH and LMWH
- B. Undelayed Institution of NON-Heparin / NON-Warfarin anticoagulation
- C. Clinically assess for development of new thrombosis (including U/S extremities).

**TREATING THROMBOSIS IN THE CONTEXT OF H.I.T.**

- A. LMWH's are contraindicated (due in vivo cross-reactivity to UFH-induced antibodies)
- B. WARFARIN and COUMARINS are contraindicated.  
-if HIT develops in a patient on Warfarin, Vitamin K reversal is indicated.  
-Transition to Warfarin only after platelets have normalized
- C. Platelet transfusions: relatively contraindicated