



**KNOW RECOGNISE TREAT**

# Your quick reference guide to recognising HIT

The **4Ts** are key to assessing the probability that a patient is developing HIT:

- **T**hrombocytopenia
- **T**iming of platelet count fall
- **T**hrombosis
- **O**ther causes for thrombocytopenia are not evident

Using the table overleaf, you can assess the probability that your patient has HIT

- A score of: **6-8** means there is a high probability of HIT  
**4-5** means the probability is intermediate  
**0-3** means there is a low probability

**If you think your patient has HIT,  
stop heparin and switch to an alternative  
antithrombotic**

## Estimating the probability of HIT: 'the 4Ts'



Probability of HIT score: 6-8 = high 4-5 = Intermediate 0-3 = low	Points (0, 1, or 2 for each of 4 categories: maximum possible score = 8)		
	2	1	0
<b>T</b> hrombocytopenia	>50% fall or platelet nadir 20–100 x 10 <sup>9</sup> /l	30–50% fall or platelet nadir 10–19 x 10 <sup>9</sup> /l	fall <30% or platelet nadir <10 x 10 <sup>9</sup> /l
<b>T</b> iming* of platelet count fall or other sequelae	Clear onset between days 5–10; or less than 1 day (if heparin exposure within past 100 days)	Consistent with immunisation but not clear (e.g. missing platelet counts) or onset of thrombocytopenia after day 10	Platelet count fall too early (without recent heparin exposure)
<b>T</b> hrombosis or other sequelae (e.g. skin lesions)	New thrombosis; skin necrosis; post heparin bolus acute systemic reaction	Progressive or recurrent thrombosis; erythematous skin lesions; suspected thrombosis not yet proven	None
<b>T</b> her causes for thrombocytopenia are not evident	No other cause for platelet count fall is evident	Possible other cause is evident	Definite other cause is present

\*First day of immunising heparin exposure considered day 0; the day the platelet count begins to fall is considered the day of onset of thrombocytopenia (it generally takes 1–3 days more until an arbitrary threshold that defines thrombocytopenia is passed).

Adapted from Warkentin TE. *British Journal of Haematology* 2003;**121**:535-555.

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