

ASSESSMENT OF SUSPECTED HEPARIN-INDUCED THROMBOCYTOPENIA MANAGEMENT (B4), Amy Easterday, Ty Kiser, Kathryn Hassell, Toby Trujillo. University of Colorado Hospital, Aurora, CO ([Amy.Easterday@uch.edu](mailto:Amy.Easterday@uch.edu)) IRB approved.

Identification and diagnosis of heparin-induced thrombocytopenia (HIT) must occur in a timely manner so therapy can be adjusted to reduce the risk of complications. However, antibody testing results are often delayed necessitating the use of clinical probability schemes to help guide therapy. One such scheme often cited in the literature and international guidelines is the 4T test. At University of Colorado Hospital (UCH) the current HIT order set/protocol describes the 4T test and prompts prescribers to determine a score before initiating direct thrombin inhibitors (DTI). However, this order set does not provide guidance on how to manage patients according to 4T results. Based upon UCH's yearly DTI expenditure, there was suspicion that the evaluation and treatment of suspected HIT could be standardized and improved. The purpose of this study was to identify and characterize the probability of HIT, as determined by the 4T criteria, in patients who had antibody testing. Patients tested for HIT antibodies were identified through the clinical laboratory. Data was retrospectively collected from charts and analyzed to identify trends. The primary outcome was the characterization of the clinical probability of HIT via the 4T criteria in patients who received antibody testing. Secondary outcomes included characterization of HIT management including the use of DTIs and results of

antibody testing by probability score. Descriptive statistics were used as appropriate. The results will be discussed.