

Thrombocytopenia

Thrombocytopenia is a low platelet count. Platelets are microscopic particles in the blood that are necessary for normal blood clotting. A normal platelet count is 150,000-450,000/mm³. They are produced in the bone marrow. An abnormal platelet count may be discovered incidentally when a complete blood cell count (CBC) is drawn for any reason or the test may be drawn to evaluate excessive bleeding or clotting. Risk must be assessed in three ways: the underlying cause of the thrombocytopenia, the risk of dangerous bleeding, and possible adverse effects of treatment (*for example, chronic steroid use or splenectomy*). Spontaneous bleeding is unlikely until the count falls below 20,000; and excessive bleeding with trauma is unlikely unless the count falls under 60,000. Work-up of a low platelet count includes history, examination, and review of the blood smear. Specialized tests for specific diseases (*such as HIV*) are often necessary, including possible bone marrow aspiration. Thrombocytopenia is underwritten for cause.

An unexplained platelet count <100,000 is postponed. If no specific cause is found after clinical testing, and the rest of the CBC is normal without hepatosplenomegaly, the likely diagnosis is Idiopathic Thrombocytopenia (ITP). Because there is no test for ITP, this diagnosis is made by ruling out other diseases – such as liver/spleen disease, bone marrow disease, leukemia, lymphoma and others. Acute ITP is seen in children, often following a viral infection, and spontaneous recovery occurs in >80%, most by 6 months. ITP in adults tends to be a chronic autoimmune disorder. Increased mortality is due mainly to intracranial and GI bleeding, but most patients do well unless platelets drop below 20,000 (which is unusual). Most forms of treatment can be delivered as outpatient. Hospitalization is appropriate for persons with platelet counts under 20,000. Patients with counts >50,000 do not routinely require treatment. Treatment is given when: 1) platelet counts <30,000, 2) there are signs of bleeding, or 3) platelets <50,000 with risk factors for significant bleeding (*such as Hypertension (HTN), age >60 yr, peptic ulcer disease, vigorous life style*). Persons who have responded inadequately (*to keep platelets >30,000*) to steroids or splenectomy are treated with a variety of other drugs. Use of these drugs implies a refractory disorder and the potential for harmful side effects.

If your client has a history of Thrombocytopenia, please answer the following:

1. When was Thrombocytopenia diagnosed:

2. What were the bone marrow results?

3. How is it being treated?

4. Date and results of the most recent CBC:

Hemoglobin (Hb) _____

Hematocrit (Hct) _____

White blood count (WBC) _____

Platelet count (plct) _____

5. What other medical conditions does the client have?

6. List all medications:

7. Does the client smoke?

Yes _____

No _____