

## Haematology – Clinical Guidelines: Immune Thrombocytopenia – Discharge Advice for GPs

**Advice is for patients with long term, stable Immune Thrombocytopenia - (Platelet count stable  $> 30 \times 10^9/l$  for greater than 18 months)**

**Monitor FBC annually, or at any point when patient has unexpected bruising/bleeding.**

### **Reasons to re-refer:**

- Platelet count  $< 20 \times 10^9/l$
- Developing a significant cytopenia (for instance):
  - Hb dropping below 100 g/l
  - Neutrophils below  $1.5 \times 10^9/l$
  - Platelets  $< 80 \times 10^9/l$
- Pregnancy

### **General Advice:**

- Pre-op plan for elective should be available. Is the patient steroid/IVIG responsive?
- No specific dietary advice required.
- Administer all usual vaccines (Flu Pneumovax etc.)
- Avoid aspirin and NSAID's
- Avoid intramuscular injections (unless platelets  $> 50 \times 10^9/l$ )
- Avoid contact sports.