

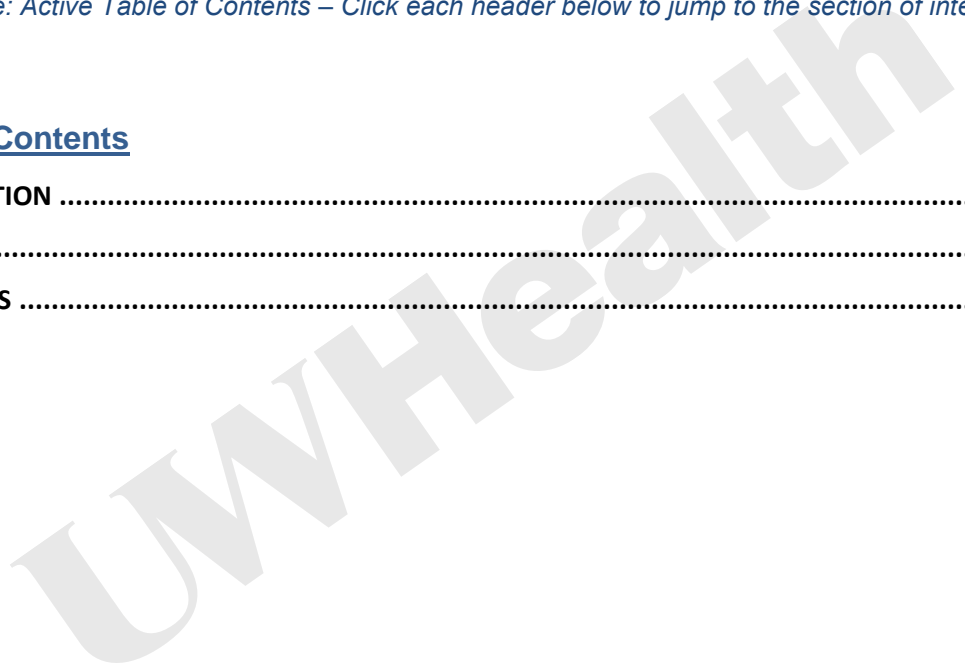


# Heparin Induced Thrombocytopenia - Adult - Inpatient External Clinical Practice Guideline Endorsement

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**Content Expert(s):**

Name: Anne Rose, PharmD - Pharmacy; Anticoagulation Stewardship  
Phone Number: (608) 263-9738  
Email Address: arose@uwhealth.org

**Contact for Changes:**

Name: Philip Trapskin, PharmD, BCPS – Drug Policy Program  
Phone Number: (608) 263-1328  
Email Address: ptrapskin@uwhealth.org

**Guideline Author(s):**

Anne Rose, PharmD – Pharmacy: Anticoagulation Stewardship

**Workgroup Members:**

John Hoch, MD- Dept. of Surgery- Vascular Surgery  
Kraig Kumfer, MD- Dept. of Medicine- Hospitalists  
Erin Robinson, PharmD – Dept. of Pharmacy- Drug Policy Program  
Anne Rose, PharmD- Dept. of Pharmacy- Anticoagulation Stewardship  
John Sheehan, MD – Dept. of Medicine- Oncology  
Eliot Williams, MD – Dept. of Medicine- Oncology  
Luke Zurbruggen, MD- Dept. of Medicine Education (Hematology/Oncology)

**Reviewer(s):**

Anticoagulation Subcommittee

**Committee Approval(s):**

Anticoagulation Subcommittee (11/9/2020, 5/9/22)  
Pharmacy & Therapeutics Committee (12/17/2020, 6/16/22)

**Plan for Review:**

The guideline will be routinely reviewed once every three years.

## **Introduction**

UW Health has agreed to endorse the American Society of Hematology 2018 Guidelines for the Management of Venous Thromboembolism: Heparin Induced Thrombocytopenia (HIT) with additional recommendations for transitioning from anticoagulation from the parenteral to the enteral route of administration

The ASH guideline workgroup developed and graded the recommendations and assessed the certainty of the supporting evidence by following the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) method. Development of the guideline was entirely funded by ASH. Conflict of interest disclosure was provided by all workgroup members. At the time of appointment to the workgroup, the majority of members, including the chair and vice chair, had no conflict of interest.

The guideline development process and the quality of reporting was assessed by two UW Health appraisers. The purpose of the appraisal was to validate the rigor of the guideline development process and transparency of the resulting recommendations. The Appraisal of Guidelines for Research and Evaluation (AGREE) instrument was used to complete the assessment. <https://www.agreetrust.org/>

The ASH guideline meets all of the criteria recommended by AGREE to ensure a rigorous synthesis of all available evidence. As recommended, transparent methods are used to control conflict of interest among workgroup members and to control bias in collecting, combining, and interpreting the evidence. ASH also meets standards for presenting unambiguous recommendations and by including external stakeholders in the final review.

## **Scope**

- The clinical practice guideline provides recommendations for best practices to diagnose and manage HIT in adult patients. Recommendations address screening of asymptomatic patients, diagnosis and initial management of patients with suspected HIT, treatment of acute HIT, and management of HIT in special situations including cardiovascular surgery, percutaneous cardiovascular interventions, renal replacement therapy, and venous thromboembolism prophylaxis.
- Intended users of the guideline at UW Health are physicians, advanced practice providers, pharmacists, and nurses.

## **Disclaimer**

Clinical practice guidelines assist clinicians by providing a framework for the evaluation and treatment of patients. This guideline outlines the preferred approach for most patients. It is not intended to replace a clinician's judgment or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

## **Conflicts of Interest**

Workgroup members declared conflicts which may influence decision making.

## **Collateral Tools & Resources**

The following collateral tools and resources support staff execution and performance of the evidence-based guideline recommendations in everyday clinical practice.

### **Guideline Metrics**

1. VTE Performance Measure – VTE 4 – UFH with dosage and platelet monitored by protocol
2. Frequency for HIT laboratory testing and false positive ELISA HIT results
3. Time to platelet count recovery
4. Thrombotic event rate

### **Order Sets & Smart Sets**

1. IP – HIT (Heparin Induced Thrombocytopenia) Adult – Supplemental – Order Set [3596]

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