Clinical assessment

Thank you for entering the patient characteristics. The next form collects clinical characteristics at diagnosis (three more forms available). You can always interrupt data entry and proceed later by clicking on “Save and return later” at the bottom of the form.

Who observed clinical risk?
- Treating physician
- Consultancy team (e.g. hematologist)
- Treating physician & consultancy team
- Laboratory specialist
- Pharmacist
- Other
- None

How was clinical risk assessed?
- 4Ts score
- Other/ unstructured assessment
- Clinical risk was not assessed

Thrombocytopenia
- Platelet count fall < 30% or platelet nadir < 10 G/L
- Platelet count fall 30%-50% or platelet nadir 10-19 G/L or operation
- Platelet count fall > 50% and platelet nadir > 20
- Not assessed

Timing
- Platelet count fall ≤ 4 days without recent exposure
- Consistent with days 5-10 fall, but not clear (eg, missing platelet counts); onset after day 10; or fall ≤ 1 day (prior heparin exposure 30-100 days ago)
- Clear onset days 5-10 or platelet ≤ 1 day (prior heparin exposure within 30 days)
- Not assessed

Thrombosis
- None
- Progressive or recurrent thrombosis; non-necrotizing skin lesions; suspected thrombosis (not proven)
- New thrombosis (confirmed); skin necrosis; acute systemic reaction postintravenous unfractionated heparin bolus
- Not assessed

Type of thrombosis
- Deep vein thrombosis
- Pulmonary embolism
- Other venous thromboembolism
- Myocardial infarction
- Stroke
- Other arterial thromboembolism

Other causes of thrombocytopenia
- Definite
- Possible
- None apparent
- Not assessed
Other causes
- Presence of a chronic thrombocytopenic disorder
- Newly initiated treatment known to cause thrombocytopenia
- Sepsis/severe infection
- Severe DIC (fibrinogen < 1.0 g/L and D-dimer > 5'000 ng/ml)
- Indwelling intra-arterial device (e.g. IABP, VAD, ECMO)
- Chemotherapy
- Major surgery
- Multiple causes
- Other causes

Estimated risk for HIT
- Low risk
- Intermediate risk
- High risk
- I cannot estimate clinical risk

Are bleedings, petechiae, or extensive bruising present?
- No
- Yes
- Unknown

Is active cancer present?
- No
- Yes
- Unknown

Which anticoagulants did the patient receive during the last two weeks (multiple answers may apply)?
- UFH
- LMWH
- Fondaparinux
- Vitamin K antagonists
- Xa inhibitors (rivaroxaban, dabigatran, edoxaban)
- Dabigatran

Which dosage of anticoagulants received patient?
- prophylactic or intermediate dosage
- therapeutic dosage
- multiple dosages
- unclear

Did the patient receive unfractionated heparin (UFH) or low molecular weight heparin within the last 4 weeks?
- No
- Yes
- Unknown