

TTP Investigations

Blood film
Haemolysis screen (FBC, reticulocytes, LDH, haptoglobin, bilirubin, DAT)
U+Es, LFTs, CRP, Calcium
ESR
HIV, hepatitis B and C
Coagulation screen, fibrinogen and D-dimer
Septic screen
Connective tissue disease screen, immunoglobulins
Anticardiolipin/AntiB2GPI antibodies and lupus anticoagulant

Group and Save

Pregnancy test in women of childbearing potential

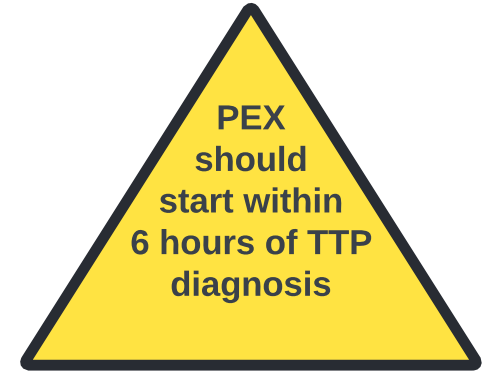
ADAMTS 13 will be taken at UHS

Suspected TTP

- Low platelets
- Anaemia + haemolysis (high reticulocytes, high bilirubin and low haptoglobin)
- high LDH
- Fragments (schistocytes) on blood film

Symptoms may be:

Neurological
Cardiac
Gastrointestinal
Fever
General malaise



**Call UHS haematology registrar
07585880224 9am-5pm or via
switchboard OOH or call clotting
consultant on call via UHS
switchboard 02380 777 222**

1. Arrange blue light ambulance category 2 transfer to UHS acute oncology service, or C7 day unit
2. ICU-ICU transfers should be by critical care transfer
3. Assess whether patient needs an anaesthetist for transfer
2. Complete Wessex TTP Referral form and send with patient to UHS
3. Give methylprednisolone 1g IV if any delay in transfer
4. Give FFP (preferably Octaplas) 15mls/kg if any delay in transfer