

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
Fevers
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 (MAOS)
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 fresh frozen plasma 15mls/kg if any delay in transfer

PEX
should
start within
6 hours of TTP
diagnosis

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



Thames Valley and Wessex
TTP Network