Idiopathic Thrombocytopenic Purpura (ITP) is isolated thrombocytopenia in an otherwise well child APPHON/ROHHPA Recommendation on the Community Management of ITP in Children

https://www.cps.ca/en/documents/position/immune-thrombocytopenia

***For any questions or unconfirmed Diagnosis contact: On-Call Pediatric Hem/Onc IWK (902) 470-8888 Janeway (709) 777-6300**

Contact local pediatrician

Assess severity of bleeding
AND
CBC + diff and peripheral blood smear

If **NO** significant risk factors minor bleeding (i.e. bruising and petechiae, mild epistaxis and mucosal bleeding)

Outpatient watchful waiting regardless of platelet count

Repeat CBC + diff within one week to rule out evolving CBC abnormalities

Then monitor CBC + diff until results resolve

If **HIGH** risk of significant bleeding based on clinical assessment (i.e. menorrhagia, significant epistaxis or gingival bleeding)

Prednisone and Immune globulin (IVIG) are equally effective. The decision to give one over the other should be based on:

1. Accurate review of peripheral blood smear to exclude presence of leukemia. If this is not available, prednisone should be avoided
2. Patient/family and physician shared decision. The clinician should include discussion on side effects of IVIG and prednisone

Prednisone
OR
IVIG
If treating with IVIG, measure blood group, DAT, immunoglobulin (IgG, IgM, IgA levels beforehand and save serum for serologies)

For additional advice, consult pediatric hematology for patient with significant bleeding

Repeat CBC + diff in 24-48 hours (may require further follow-up based on platelet counts)

Consult pediatric hematology if treatment unsuccessful

If **LIFE-THREATENING** bleeding or suspected intracranial hemorrhage (ICH) or GI bleed

Call hematologist on call & surgical support

Platelet transfusion + IVIG + high dose methylprednisolone*

Dosing Chart

IVIG: 0.8-1g/kg x 1 dose

Prednisone: 4mg/kg/day divided TID x 4 days (maximum 150 mg/day)

*Methylprednisolone: 30mg/kg/dose IV (maximum 1 gram/dose)