

<p align="center">PATIENT HISTORY: HIT (Heparin-Induced Thrombocytopenia)</p>
<p>Patient name: _____</p> <p>Provider name: _____</p> <p>Institution/Contact #: _____</p>
<p>Diagnosis (mark one):</p> <p><input type="checkbox"/> 4T score: (enter value: 0-8; see table below)</p> <p><input type="checkbox"/> definite HIT</p> <p><input type="checkbox"/> possible/probable HIT</p> <p>Date of diagnosis: _____</p> <p>Clot present? _____</p> <p>Clot treatment? _____</p>
<p>Platelet count prior to heparin (if known): Platelet _____ Date _____</p> <p>Platelet count nadir (lowest value): Platelet _____ Date _____</p> <p>Platelet count recovery (first day >150,000/mcl) Platelet _____ Date _____</p>
<p>Confirmatory lab test (mark all that apply):</p> <p><input type="checkbox"/> heparin-PF4 ELISA</p> <p><input type="checkbox"/> heparin-induced platelet aggregation</p> <p><input type="checkbox"/> platelet serotonin release assay</p> <p>Date of above testing: _____</p>
<p>Heparin exposure history:</p> <p><input type="checkbox"/> Unfractionated heparin</p> <p><input type="checkbox"/> LMWH: _____</p> <p>At time of diagnosis/detection of HIT:</p> <p>Date of first heparin dose: _____ Dose: _____</p> <p>Date of last heparin dose: _____ Dose: _____</p>
<p>Treatment</p> <p>Alternative anticoagulant used: _____</p> <p>Dates: _____ Dose: _____</p> <p>Oral anticoagulant: _____</p> <p>Dates: _____ Dose: _____</p> <p>Goal INR: _____ Next INR check: _____</p>