

TABLE 7 Estimating the Pretest Probability of HIT: “The Four Ts”

Points (0, 1, or 2 for each of 4 categories: maximum possible score = 8) ^a			
	2	1	0
Thrombocytopenia (acute)	> 50% platelet fall (nadir $\geq 20 \times 10^9/L$)	30–50% platelet fall (or >50% fall due to surgery); or nadir $10\text{--}19 \times 10^9/L$	<30% platelet fall; or nadir $\leq 10 \times 10^9/L$
Timing ^b of platelet count fall, thrombosis, or other sequelae (first day of heparin course = day 0)	Clear onset between days 5–10 or ≤ 1 day (if heparin exposure within past 30 days)	Consistent with day 5–10 fall, but not clear (e.g., missing platelet counts) or ≤ 1 day (heparin exposure within past 31–100 days) or platelet fall after day 10	Platelet count fall ≤ 4 days without recent heparin exposure
Thrombosis or other sequelae (e.g., skin lesions, ASR)	New thrombosis; skin necrosis; ASR after iv heparin bolus	Progressive or recurrent thrombosis; erythematous skin lesions; suspected thrombosis (not yet proven); asymptomatic upper-limb DVT	None
Other cause of thrombocytopenia not evident	No explanation (besides HIT) for platelet count fall is evident	Possible other cause is evident	Definite other cause is present

^aPretest probability score: 6–8 = high; 4–5 = intermediate; 0–3 = low.

^bFirst day of immunizing heparin exposure considered day zero; the day the platelet count begins to fall is considered the day of onset of thrombocytopenia (it generally takes 1–3 more days until an arbitrary threshold that defines thrombocytopenia is passed). In general, giving heparin during or soon after surgery is most likely to induce immunization. The scoring system shown here has undergone minor modifications from previously published scoring systems (Warkentin, 2003; Warkentin and Heddle, 2003).

Abbreviations: ASR, acute systemic reaction (Table 5); DVT, deep venous thrombosis; HIT, heparin-induced thrombocytopenia.