# Primary Care Outpatient Assessment

#### **Assess for Risk**

- Risk of VITT/TTS is 1 in 100,000
- Only AstraZeneca and Johnson & Johnson (Janssen) vaccines have been associated with VITT/TTS
- Symptoms occur 4 28 days after vaccine (peak period 6 – 14 days)
- VITT/TTS can occur in all ages and both sexes, but is most commonly reported in younger women
- \*\*Patients with history of blood clots are <u>not</u> more likely to have VITT/TTS

## Assess for Clotting

- Have a high index of suspicion, ask about all of the following:
  persistent and severe headache
  - •focal neurological symptoms, seizures, blurred or double vision
  - •shortness of breath

•chest pain

•abdominal pain

- •swelling or redness in a limb
- •pallor or coldness in a limb

unusual bleeding or bruising

 If a patient has severe symptoms, send patient to ER directly

## Order STAT CBC

- If clotting is suspected, a stat CBC is essential, specifically, platelets < 150 x 10<sup>9</sup>/L is required to make a diagnosis
- Send patient to Lifelabs or hospital-based lab with requisition
- MUST write in requisition "STAT CBC to rule out VITT" to get priority
- Include phone number to receive call for abnormal results within 6 hours
- If D-dimer levels is available at your lab, a normal level excludes VITT/TTS

### **Further Action**

- If patient is unstable and/or platelet count < 150 x 10<sup>9</sup>/L (cases typically are 20 – 50), send patient to ER for additional urgent testing to allow for timely diagnosis and treatment
- In patients with platelet count >150 x 10<sup>9</sup>/L, consider follow up in a few days to ensure resolution of symptoms and/or repeat CBC
- Call Hematologist or RACE Thrombosis for advice if uncertain about thrombosis symptoms or if patient is already known to have a low platelet count (eg. ITP)

