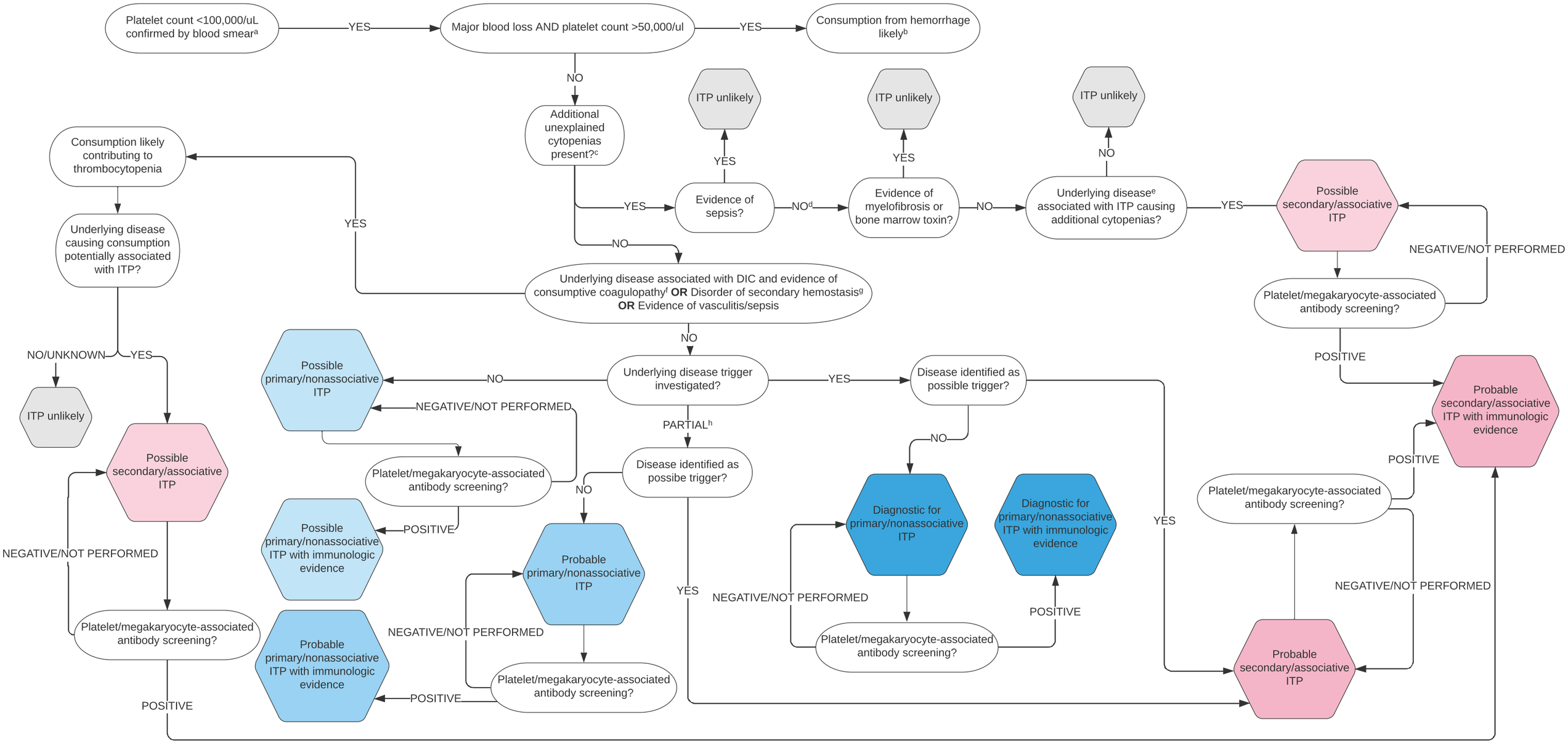
Platelet count <100,000/uL confirmed by blood smear[a]
YES
Major blood loss AND platelet count >50,000/ul
YES
Consumption from hemorrhage likely[b]
NO
Additional unexplained cytopenias present?[c]
YES
ITP unlikely
YES
Evidence of sepsis?
NO[d]
ITP unlikely
YES
Evidence of myelofibrosis or bone marrow toxin?
NO
ITP unlikely
NO
Underlying disease[e] associated with ITP causing additional cytopenias?
YES
Possible secondary/associative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
POSITIVE
Probable secondary/associative ITP with immunologic evidence
Consumption likely contributing to thrombocytopenia
YES
Underlying disease causing consumption potentially associated with ITP?
NO/UNKNOWN
YES
ITP unlikely
Possible secondary/associative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
POSITIVE
Probable primary/nonassociative ITP with immunologic evidence
Underlying disease associated with DIC and evidence of consumptive coagulopathy[f] OR Disorder of secondary hemostasis[g] OR Evidence of vasculitis/sepsis
NO
Possible primary/nonassociative ITP
NO
Underlying disease trigger investigated?
YES
Disease identified as possible trigger?
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
POSITIVE
Possible primary/nonassociative ITP with immunologic evidence
PARTIAL[h]
Disease identified as possibe trigger?
NO
Probable primary/nonassociative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
POSITIVE
Probable primary/nonassociative ITP with immunologic evidence
YES
NO
Diagnostic for primary/nonassociative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
Diagnostic for primary/nonassociative ITP with immunologic evidence
POSITIVE
YES
Platelet/megakaryocyte-associated antibody screening?
POSITIVE
NEGATIVE/NOT PERFORMED
Probable secondary/associative ITP