Thrombotic Thrombocytopenic Purpura (TTP)

TTP is a rare condition that is fatal if not treated. It is characterised by the clumping of platelets, which results in a low platelet count and circulating microthrombi. Patients may present with: fever, purpura, anaemia, neurological, cardiac or renal dysfunction. Patients are at risk of bleeding, veno-occlusive events and rapid deterioration and may need ITU admission.

Treatment includes: plasma exchange and steroids. For cardiac or neurological presentations rituximab is used (and can be included in other patients who do not respond to first line treatment). Refer to TTP protocol and BCSH Guideline

- Locate patient in a room where close observation can be maintained.
- TPR, BP, O2 sat, 4-6 hrly, more frequently as indicated. Baseline neuro obs on admission and then as indicated. Inform medical team immediately of any clinical changes.
- Observe closely for any signs of bleeding, changes in neurological status and report promptly.
- Any patient with cardiac symptoms should be on strict bed rest until resolved
- Daily weight.
- Accurate fluid balance chart. Ensure adequate oral fluid and nutritional intake.
- Urinalysis for blood and glucose on each sample. Blood glucose monitoring for glycosuria.
- Monitor all stools for blood.
- Establish appropriate IV access. VIP score all lines. Patients with femoral lines should have very limited mobilisation, due to risk of line fracture and resultant line/air embolus. Ensure PEX line flush is prescribed as per NHSBT protocol.
- Ensure TED stockings are worn and low molecular weight heparin prescribed as per TTP protocol.
- Provide information regarding the condition and treatment; ensure the patient and family have the opportunity to have their questions answered.
- Liaise with the NHSBT apheresis (STS) regarding plasma exchange (PEX).
- During PEX ward nurses are still responsible for the routine monitoring and care of the patient.
- IV methyl pred and other daily IV drugs should be given immediately after PEX. Liaise with Consultant staff re timings of bd/more frequent drugs.
- Platelets are contraindicated and should be administered only at the direction of a Haematology Consultant.
- Patients receiving Rituximab, use separate care plan

**RN name:**
**Signature:**

**Date:**
**Time:**