

Platelet Mapping Guideline

UAB Trauma now has access to platelet mapping utilizing the TEG6 machine.

Indications for obtaining Platelet Mapping:

All patients with an intracranial hemorrhage should have platelet mapping ordered in addition to basic coagulation studies, TEG and Anti-Xa testing.

Interpretation of Platelet Mapping and Treatment:

ADP or AA inhibition of >60% is indicative of antiplatelet function.

1. Reversal should be primarily guided by major intracranial bleeding and/or examination rather than solely relying on patient history or laboratory testing
 - a. Need attending approval to treat patients who meet BIG 1 or BIG 2 **size** criteria
 - b. Need attending approval to treat patients who have a stable repeat head CT
2. No reversal (i.e. platelet transfusion) is indicated for patients with laboratory-documented platelet function within normal limits even if they report a history of being on antiplatelets (up to 45% of patients on antiplatelet medications will be 'non-responders')
3. For patients with ADP or AA inhibition >60% **and** meet BIG3 **size** criteria, transfuse 1u platelets and repeat platelet mapping should be performed 1 hour after transfusion. Transfuse up to total of 2u platelets as needed in effort to correct platelet mapping
 - a. Consider Desmopressin (DDAVP) 0.4ug/kg in addition to platelets