

Activity restrictions

There is no reason for the pupil to be kept away from school, and apart from attending the hospital for regular blood tests should cause little or no disruption to the school routine. Activities which involve bodily contact sports should be avoided, as should those in which there could be a fall from any height. It is helpful if PE staff can offer an alternative such as being a referee. The pupil may be reluctant to expose their bruises when wearing PE or swimming kit. A younger child with ITP will need to be supervised in the playground and those with serious symptoms may need to spend playtime indoors with a suitable friend.

Informing staff

The Association can supply a Pupil's Factsheet to pin up in the staff room alerting all staff to the child's ITP. It is essential that teachers or office staff responsible for First Aid understand about ITP, what symptoms the child/teenager is likely to have, and when the parents should be called, or pupil taken to A&E.

Girls can become very anxious about 'flooding' when they have periods, and it is helpful if they can approach an appointed female member of staff if they run into difficulties (or if starting their first period during school time).

Suspicion by other parents about an ITP child's bruises need to be handled diplomatically.

The ITP Support Association

If you require any further information about ITP do please contact us. We fund research into ITP and are always grateful for donations. If your school can run a fundraising event to support our charity and raise awareness we would be delighted to hear from you.

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The ITP Support Association

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Guidelines for Schools Clubs Playgroups

Understanding the child or teenager with ITP

General guidelines for the management of a child with ITP

What is ITP

Immune Thrombocytopenic (formerly known as Idiopathic Thrombocytopenic Purpura) is a non-contagious blood disorder in which the body's immune system destroys the blood platelets. The platelets, which normally form an initial plug in the blood clotting process, are essential to stop bleeding and prevent bruising following an injury. ITP is a benign disease and the majority of children recover quickly and spontaneously. A few may have the chronic form (i.e. >6 months).

What are the symptoms?

Pupils with ITP are susceptible to bruising which may even arise from mild pressure to the skin and can sometimes appear spontaneously. Bruises vary from small reddish-brown ones to those that are large and multi-coloured, but are often painless. There may also be *petechiae* – a rash of red pin-prick blood spots caused by leaking capillaries. Nose bleeds are a common symptom of ITP and, less frequently, bleeding from mouth and gums. Girls can experience extremely heavy periods.

How is ITP managed?

As treatment is palliative rather than curative, most children (even with very low platelet counts) will be managed by a 'wait and watch' strategy. For those with severe symptoms the options include steroids, intravenous immunoglobulin and, very rarely in children, splenectomy (removal of the spleen) - all of which have side effects. Pupils on high dose steroids may experience sudden mood swings, show a lack of concentration and appear hyperactive. They may also develop an increased appetite and become prone to infection. In asplenic children, (i.e. where the spleen has been removed), any infection, however minor, must receive urgent medical attention. Girls (even young girls) experiencing heavy periods may be prescribed a hormone preparation (ie, contraceptive pill) to control the blood loss or period frequency.

Nose bleeds

To stop a nosebleed, pinch the nose just below the bone, above the nostrils, keeping the child still (if a swimming nose clip is available use this in preference as it gives a gentle, even pressure). After five minutes remove hand or nose clip and repeat this procedure 3 or 4 times if necessary. Once the bleeding has stopped keep the child quiet and still for a further five minutes. Afterwards, carefully wash the dried blood away to help limit the irritation and to avoid the temptation for the child to pick the scab. Ice packs are also useful to stem blood flow.

When to seek medical help

- If bleeding cannot be stopped, following a 30 minute or severe nosebleed, lost tooth or other injury.
- Following a head injury, particularly if a child has been stunned.
- Any injury which shows swelling, such as a sprain or strain.

N.B. In any accident requiring emergency treatment, it is essential that hospital staff are informed that the child has ITP and is seen quickly. Pupils may wear alert jewellery or carry a card giving information about their condition and any drugs they are taking.

When to contact parents

- Contact parents in any of the above cases, in addition to any previous parental arrangement.
- Any sign of infection or fever, especially in an asplenic pupil or one on steroids.
- A pupil on steroids is at a greatly increased risk from chicken pox which can be severe, and in rare cases, life threatening. Contact with chicken pox should be assiduously avoided, or treatment sought.

In most respects the ITP pupil is well and can be treated normally. Although serious bleeding in ITP is very rare, it can be a frightening disease for both pupil and parent. Anxiety may be lessened if parents are assured that the school staff, if in doubt, will err on the side of caution. Schools may require additional emergency contact numbers (such as grandparents) to ensure that a close relative can be quickly summoned if parents are at work. Many paediatricians are willing for their telephone number to be given to the school for emergency advice and this facility should be discussed with the parents.

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