

Management of ITP is primarily supportive, because the disease is self-limiting in the majority of cases. Activity is restricted at the onset while the platelet count is low and while active bleeding or progression of lesions is occurring. Treatment for acute presentation is symptomatic and has included prednisone, intravenous immunoglobulin (IVIG), and anti-D antibody. These are not curative therapies. **Anti-D antibody** is a plasm-derived immunoglobulin that causes a transient hemolytic anemia in Rh (D)-positive patients with ITP. With the clearance of antibody-coated RBCs, there is prolonged survival of platelets resulting from the blockade of the Fc receptors of the reticuloendothelial cells. The platelet count usually increases approximately 48 hours after an infusion of anti-D antibody; therefore, it is not appropriate therapy for patients who are actively bleeding. The benefits of choosing anti-D antibody IV therapy over prednisone or IVIG are that anti-D antibody can be given in one dose over 5 to 10 minutes and is significantly less expensive than IVIG. Historically, patients who are treated with prednisone may first undergo a bone marrow examination to rule out leukemia, which is controversial because leukemia rarely manifests with low platelet count alone (Montgomery and Scott, 2011; Wilson, 2009). Therefore, the use of anti-D antibody and IVIG alleviates the need for a bone marrow examination. Before receiving the initial dose of anti-D antibody, patients must meet certain criteria (Box 24-7). Premedication with acetaminophen 5 to 10 minutes before the infusion is recommended.

### Nursing Tip

After administration of anti-D antibody, observe the child for a minimum of 1 hour and maintain a patent IV line. Obtain baseline vital signs measurements before the infusion and again 5, 20, and 60 minutes after beginning the infusion. If fever, chills, and headache occur during or shortly after the infusion, the nurse should administer acetaminophen, diphenhydramine (Benadryl), and/or hydrocortisone (Solu-Cortef) as ordered and observe the patient for an additional hour after the reaction.

### Box 24-7