

## Prognosis

The majority of children have a self-limited course without major complications. Some children may develop chronic ITP and require ongoing therapy. A splenectomy may modify the disease process, and the child may be asymptomatic.

## Quality Patient Outcomes: Idiopathic Thrombocytopenic Purpura

- Serious bleeding episode prevented
- Activities that increase risk for serious bleeding avoided
- Treatment administered without serious side effects

## Nursing Care Management

Nursing care is largely supportive and should include teaching regarding possible side effects of therapy and limitation in activities while the child's platelet count is less than  $50,000/\text{mm}^3$  (Consolini, 2011). Children with ITP should not participate in *any* contact sports, bike riding, skateboarding, in-line skating, gymnastics, climbing, or running. Parents are encouraged to engage their children in quiet activities and to prevent any injuries, especially to the child's head. Instruct the parents to obtain prompt medical evaluation if the child sustains head or abdominal trauma. As in any condition with an uncertain outcome, the family needs emotional support.

## Disseminated Intravascular Coagulation

Disseminated intravascular coagulation (DIC), also known as **consumption coagulopathy**, is characterized by diffuse fibrin deposition in the microvasculature, consumption of coagulation factors, and endogenous generation of thrombin and plasmin. DIC is a secondary disorder of coagulation that occurs as a complication of a number of pathologic processes, such as hypoxia, acidosis, shock, endothelial damage (e.g., burns), and many severe systemic diseases (e.g., congenital heart disease, necrotizing enterocolitis, gram-negative bacterial sepsis, rickettsial infections, and some