ICU

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Clinical Haematology

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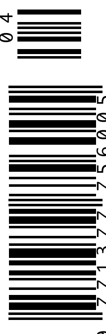

Clinical Haematology

Patients in the intensive care unit frequently report haematological issues. These issues are often a result of critical illness. The most common haematological complications seen in the ICU include thrombocytopenia, anaemia, leukocytosis, thrombocytosis, and coagulopathies. In addition, emergencies in malignant haematology are commonly seen in the ICU and can cause significant mortality and morbidity in critically ill patients.

It is important to assess and understand factors that affect mortality and outcomes in patients admitted to the ICU with a diagnosis of haematological disease. Whether it's identifying the cause of anaemia or determining the right approach to coagulation problems, managing transfusion patients, determining appropriate haemoglobin concentrations in critically ill patients, or managing and improving outcomes for patients with haematological malignancies, there are many challenges for ICU teams to address when it comes to patients with haematological issues.

In our latest cover story, **Clinical Haematology**, our contributors discuss topics such as coagulation, anaemia, pulmonary embolism, haematological malignancy, and other important presentations of haematological disease in critical care. They provide a practical approach to addressing clinical issues related to haematology and outline effective strategies for diagnosis and management of scenarios that are commonly encountered in the ICU.

Charles Marc Samama provides an overview of different techniques to reverse direct oral anticoagulants with specific or non-specific agents, while Flavio Nacul, Valentina Torre and Kaushik Bhowmick discuss anaemia, highlight its multifactorial causes and explore whether high hepcidin levels and a blunted response to erythropoietin may play a role.

Eder Zamarrón-López, Orlando Pérez-Nieto, Jorge Miño-Bernal and co-authors talk about pulmonary embolism in the intensive care unit, how this complication in hospitalised patients is associated with high morbidity and mortality and why it is important to effectively identify and manage it.

Jenna Spring and Laveen Munshi provide an overview of emergencies commonly seen in malignant haematology, discuss the side effects of novel therapies, and highlight complications of allogeneic haematologic stem cell transplant.

Victoria Metaxa, Tasneem Pirani, Neeraj Singh and Rohit Saha discuss chimeric antigen receptor T-cell therapy and its associated toxicities and highlight the importance of monitoring recognition and prompt management in the ICU for good outcomes.

In our Matrix section, Jean-Charles Preiser, Lee-Anne Chapple and Emma Ridley discuss nutritional care for patients with COVID-19 who require intensive care, and Emmanuel Pardo and Jean-Michel Constantin provide an overview of the physiological aspects of indirect calorimetry, its limitations in use and future prospects for tailored nutrition.

Handling haematological problems in the ICU and providing acute care to patients with a primary haematological disorder can be challenging for critical care doctors. In this issue, our contributors have shared their experience in critical care practice and have presented practical approaches to managing haematology issues in the ICU.

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