Record Nr. UNINA9910140267603321 Haematology in critical care: a practical handbook / / edited by Jecko **Titolo** Thachil, Quentin A. Hill Pubbl/distr/stampa Chichester, West Sussex, United Kingdom:,: John Wiley & Sons,, 2014 ©2014 **ISBN** 1-118-86916-8 1-118-86914-1 1-118-86917-6 Descrizione fisica 1 online resource (266 p.) Disciplina 616.1/5 Hematologic - Diseases Soggetti Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia Description based upon print version of record. Note generali Nota di bibliografia Includes bibliographical references and index. Nota di contenuto Haematology in Critical Care: A Practical Handbook; Copyright; Contents; List of Contributors; Preface; Acknowledgements; Section 1 Approach to Abnormal Blood Tests: Chapter 1 Diagnostic Approach to Anaemia in Critical Care; Diagnostic approach to anaemia in critical care; References; Chapter 2 Leukopenia; Neutropenia; Lymphopenia; Management; References; Chapter 3 Thrombocytopenia in the Intensive Care Unit; Introduction; Prognostic significance; Clinical presentation; Specific characteristics of thrombocytopenia in the ICU; Causes of thrombocytopenia in the ICU Diagnostic approach to thrombocytopenia in the ICU settingFurther reading; Chapter 4 High Blood Counts; Thrombocytosis; Leukocytosis; Polycythaemia; References; Chapter 5 The Abnormal Clotting Profile; Introduction; The principle of coagulation screen; Prothrombin time (PT); INR; Activated partial thromboplastin time (APTT); Thrombin time; Fibrinogen assay; Activated clotting time (ACT); Heparin resistance; Anti-Xa assay; Pre-analytical variables; Further reading; Chapter 6 Understanding the Blood Film; Red cells; White cells; Platelets; Infection; References Section 2 Approach to Coagulation ProblemsChapter 7 Venous Thromboembolism in Intensive Care: Introduction: Epidemiology: Risk

factors for development of VTE in intensive care; Thromboprophylaxis;

Diagnosis of VTE; Treatment of VTE; Special considerations; Summary; References: Chapter 8 Reversal and Monitoring of Anticoagulants: Introduction: General measures: General pro-haemostatic agents: Reversal of individual anticoagulants; Conclusion; Chapter 9 Disseminated Intravascular Coagulation; Introduction; Pathophysiology; Clinical features; Diagnosis; Differential diagnosis; Treatment Chapter 10 Heparin-Induced ThrombocytopeniaIntroduction; Pathogenesis/frequency; Thrombocytopenia in the ICU; Laboratory testing; Diagnosing HIT in the ICU; Treatment; Alternative anticoagulation therapies: Argatroban; Alternative anticoagulation therapies: Fondaparinux; Alternative anticoagulation therapies: New oral anticoagulants; Conclusion; References; Chapter 11 Thrombotic Microangiopathies: Introduction: Thrombotic thrombocytopenic purpura; Haemolytic uraemic syndrome (HUS); Conclusion; References; Chapter 12 Critical Care of Patients with a Congenital Bleeding Disorder: Introduction von Willebrand diseaseThe haemophilias; Rare bleeding disorders;

von Willebrand diseaseThe haemophilias; Rare bleeding disorders; Further reading; Section 3 Approach to Transfusion Problems; Chapter 13 Blood Components and Their Contents; Introduction; Blood transfusion and the regulatory framework; Donor selection and testing; Microbiological testing of donor blood; Processing of blood; Clinical and laboratory transfusion practice; Patient Blood Management; Clinical use of blood and components; Use of red cells; Use of fresh frozen plasma and cryoprecipitate; Clinical audit; Patient information and consent; References; Chapter 14 Transfusion Reactions Introduction

Sommario/riassunto

This will be a practical handbook for use in a clinical ICU setting for information on diagnosis and clinical management of haematological disease in critical care. There are currently no books on the market that significantly address haematology in critical care - all ICU based books have a broader focus of diagnosis and clinical management, rather than purely haematology based. Common procedures/interventions for a haematologist will include delivering critical care, often for lifethreatening disease. For unselected ICU admissions, every patient will have a full blood count and the