# CLINICAL PRACTICE GUIDELINE



# Transfusion strategies in bleeding critically ill adults: A clinical practice guideline from the European Society of Intensive Care Medicine: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

Morten Hylander Møller<sup>1</sup> | Martin Ingi Sigurðsson<sup>2,3</sup> | Klaus T. Olkkola<sup>4</sup> | Marius Rehn<sup>5,6,7</sup> | Arvi Yli-Hankala<sup>8,9</sup> | Michelle S. Chew<sup>10</sup>

### Correspondence

Morten Hylander Møller, Department of Intensive Care, Copenhagen University Hospital Rigshospitalet, DK-2100 Copenhagen, Denmark.

Email: mortenhylander@gmail.com

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### **Abstract**

The Clinical Practice Committee of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine endorses the clinical practice guideline *Transfusion strategies* in bleeding critically ill adults: a clinical practice guideline from the European Society of Intensive Care Medicine. This trustworthy clinical practice guideline serves as a useful decision aid for Nordic anaesthesiologists caring for critically ill patients with bleeding.

# KEYWORDS

AGREE II, bleeding, clinical practice guideline, critically ill, ICU, transfusion

# 1 | BACKGROUND

Critically ill patients, including those in the intensive care unit (ICU) frequently experience bleeding, and this is associated with increased morbidity and mortality. 1.2

The management of bleeding in critically ill patients is challenging and complex, and often involve multiple concurrent strategies for monitoring coagulopathy, transfusing blood products, and administering medications to support coagulation.<sup>3</sup>

The clinical practice guideline Transfusion strategies in bleeding critically ill adults: a clinical practice guideline from the European

Society of Intensive Care Medicine provides evidence-based recommendations for transfusion of bleeding in critically ill patients in the ICU.<sup>4</sup>

# 2 | METHODS

It was decided by the Clinical practice committee (CPC) of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) to assess the clinical practice guideline *Transfusion strategies in bleeding critically ill adults: a clinical practice guideline from the European* 

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 $<sup>^{1}</sup>$ Department of Intensive Care, Copenhagen University Hospital Rigshospitalet, Copenhagen, Denmark

<sup>&</sup>lt;sup>2</sup>Division of Anesthesia and Intensive Care Medicine, Landspitali-The National University Hospital of Iceland, Reykjavik, Iceland

<sup>&</sup>lt;sup>3</sup>Faculty of Medicine, University of Iceland, Reykjavik, Iceland

<sup>&</sup>lt;sup>4</sup>Department of Anaesthesiology, Intensive Care and Pain Medicine, University of Helsinki and Helsinki University Hospital, Helsinki, Finland

<sup>&</sup>lt;sup>5</sup>Division of Prehospital Services, Air Ambulance Department, Oslo University Hospital, Oslo, Norway

<sup>&</sup>lt;sup>6</sup>The Norwegian Air Ambulance Foundation, Oslo, Norway

<sup>&</sup>lt;sup>7</sup>Faculty of Health Sciences, University of Stavanger, Stavanger, Norway

<sup>&</sup>lt;sup>8</sup>Department of Anaesthesia, Tampere University Hospital, Tampere, Finland

<sup>&</sup>lt;sup>9</sup>Faculty of Medicine and Health Technology, Tampere University, Tampere, Finland

<sup>&</sup>lt;sup>10</sup>Department of Anaesthesia and Intensive Care, Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden

Society of Intensive Care Medicine<sup>4</sup> for possible endorsement. The Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool<sup>5</sup> was used. Details on the endorsement process are available elsewhere.<sup>6</sup>

# 3 | RESULTS

All six SSAI CPC members completed the appraisal. The individual domain totals were: Scope and Purpose 92%; Stakeholder Involvement 72%; Rigour of Development 79%; Clarity of Presentation 77%; Applicability 69%; Editorial Independence 90%; Overall Assessment 89% (Figure 1).

The breakdown of the individual appraisers (de-identified) is available in the Supporting information.

# 4 | DISCUSSION

Agreement between the SSAI CPC appraisers was high, and the overall assessment of the guideline was good. There were minor issues related to stakeholder involvement, as there were no patient representatives on the panel, but patient values and preferences were sought obtained through a literature review. Also, applicability to low resource settings and mass casualties may be limited. Of note, the body of evidence was limited for many questions, why no recommendation was issued in 11 out of 26 questions.

The guideline can be used in daily clinical practice in the Nordic countries without major adaptation or modification.

The clinical practice guideline *Transfusion strategies in bleeding* critically ill adults: a clinical practice guideline from the European Society



FIGURE 1 Summary of the appraisal of guidelines for REsearch and Evaluation (AGREE) II assessment<sup>5</sup>[Colour figure can be viewed at wileyonlinelibrary.com]

of Intensive Care Medicine<sup>4</sup> serves as a useful decision aid for Nordic anaesthesiologists caring for critically ill patients with bleeding.

## 5 | CONCLUSION

The SSAI CPC endorses the clinical practice guideline *Transfusion* strategies in bleeding critically ill adults: a clinical practice guideline from the European Society of Intensive Care Medicine.<sup>4</sup>

### **CONFLICTS OF INTEREST**

No Clinical Practice Committee member had direct or indirect conflicts of interest

### **AUTHOR CONTRIBUTIONS**

All authors drafted, revised and approved the final manuscript.

### ORCID

Morten Hylander Møller https://orcid.org/0000-0002-6378-9673

Marius Rehn https://orcid.org/0000-0001-9519-241X

Arvi Yli-Hankala https://orcid.org/0000-0002-5029-9181

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# SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

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