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Preface
Blood transfusion in the critically ill

Red blood cell (RBC) transfusions date back to the mid-seventeenth century; however, it was not until the early part of the twentieth century that RBC transfusion became a mainstay of clinical practice. The benefit of RBC transfusion in surgery as well as other clinical settings was assumed to be obvious, while RBC transfusion was looked upon as relatively risk-free. A dramatic change in thinking occurred in the early 1980s, much of which was driven by concerns of transfusion-related infection, particularly HIV. Although advances in transfusion medicine have greatly decreased the risk of viral transmission during blood transfusion, other issues now drive the debate over transfusion practice. These issues are now much more complex, and it is clear that the view of blood transfusion as being risk-free is no longer tenable. The debate over transfusion risks over the last decade has also led to a more critical examination of transfusion benefits. Critically ill patients receive an extraordinary number of RBC transfusions. Almost 50% of all patients admitted to the intensive care unit are transfused during their admission.

This issue of the *Critical Care Clinics* focuses on anemia and blood transfusion practice in the critically ill, the current debate regarding the risks and benefits of RBC transfusion, and the approach to blood management in the critically ill.

Howard L. Corwin, MD, FCCM
Dartmouth Medical School
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756, USA
E-mail address: howard.l.corwin@hitchcock.org

Paul C. Hébert, MD, FRCPC, MHSc
Centre for Transfusion Research
Ottawa Health Research Institute
University of Ottawa
501 Smyth Road, Box 201
Ottawa, Ontario K1H 8L6, Canada
E-mail address: phebert@ohri.ca

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