UPDATE IN INTENSIVE CARE: HEMODYNAMIC MONITORING IN THE CRITICALLY ILL PATIENT

Introduction of the ‘‘Up-date’’ series. Hemodynamic monitoring in critically ill patient

Introducción de la serie «Puesta al día»: Monitorización hemodinámica en el paciente crítico

A. Ochagavia*, F. Baigorri

Grupo de Trabajo de Cuidados Intensivos Cardiológicos y RCP, Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias, Área de Críticos, Hospital de Sabadell, CIBER Enfermedades Respiratorias, Institut Universitari Parc Taulí, Universitat Autònoma de Barcelona, Sabadell, Barcelona, Spain

Received 30 September 2011; accepted 18 October 2011

Hemodynamic monitoring is a crucial aspect in the care of the hypoperfused patient, offering information on cardiovascular physiopathology that allows us to differentiate among the different causes of hemodynamic instability. In addition, the data obtained can help guide treatment intervention, which ultimately may improve patient prognosis. The main reasons for indicating hemodynamic monitoring are the detection of cardiovascular alterations before multiorgan failure develops, and assistance in monitoring patient response to therapy. It is important to note that hemodynamic monitoring is only a diagnostic tool, and that it therefore cannot improve the prognosis unless it is accompanied by adequate treatment measures capable of improving the clinical course of the patient. In this respect, the determinant factors influencing the outcome of such treatment interventions are correct interpretation of the data obtained, precise timing of treatment, and the patient population involved. The introduction of the pulmonary arterial catheter by Swan and Ganz in 1970 constituted a turning point in monitoring in the intensive care setting, and has been the most widely used hemodynamic monitoring technique in the past decades. The Swan–Ganz catheter has undeniably represented a very important step forward in our knowledge of cardiovascular function in the critically ill patient – allowing the determination of intravascular pressures (pulmonary arterial pressure, right atrial pressure and pulmonary arterial wedge pressure), the calculation of cardiac output via the thermodilution method, and access to mixed venous blood, in the setting of the complex course of the different types of shock. From its introduction, modifications have been made that have further expanded the information provided by the technique; in this context, we can establish the ejection fraction, right ventricle volumes, mixed venous oxygen saturation (SvO₂), and cardiac output on a continuous basis – as well as the possibility of inserting electrocatheters in the right atrium and ventricle.

However, the limitations, indications and usefulness of the pulmonary arterial catheter remain subject to controversy, despite its widespread use. This is largely due to scant knowledge of the bases of pulmonary artery catheterization, error in data interpretation and, consequently, the application of inappropriate therapies. As a result of the above, there has been an intensification of the search for new monitoring methods affording information on cardiovascular function in the critical patient.

Ideal hemodynamic monitoring should be scanty invasive, reliable, precise, easy to perform, continuous and applicable at the patient bedside. No system offering all these features has yet been developed, though the

* Please cite this article as: Ochagavia A, Baigorri F. Introducción de la serie «Puesta al día»: Monitorización hemodinámica en el paciente crítico. Med Intensiva. 2011;35:497–8.
* Corresponding author.
E-mail address: aochagavia@taulí.cat (A. Ochagavia).

2173-5727/$ - see front matter © 2010 Elsevier España, S.L. and SEMICYUC. All rights reserved.
The Cardiological Intensive Care and CPR Working Group (GTCIC y RCP) of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (Sociedad Española de Medicina Intensiva, Critica y Unidades Coronarias, SEMICYUC) has developed many teaching and scientific areas related to cardiovascular disease in the critically ill patient, and at present has wished to impulse the development of an update in hemodynamic monitorization, analyzing its fundamental aspects: the objectives or goals of hemodynamic resuscitation (oxygen transport, tissue oxygenation and microcirculation), the estimation of cardiac output (usefulness in clinical practice and available monitorization), the assessment of preload and cardiovascular response to volume replacement, the evaluation of contractility and postload in the critical patient, the techniques available for hemodynamic monitorization (advantages and limitations), the usefulness of echocardiography in hemodynamic resuscitation, and evidence of the usefulness of hemodynamic monitorization. On the other hand, the Working Group aims to develop and publish recommendations in hemodynamic monitorization of critical patients, following completion and publication of the “Update” series, based on the contents of the different chapters. The idea is to offer intensivists and residents and training an update to further their knowledge of the different types of monitorization in hemodynamics, with recommendations that are useful in daily clinical practice.

The authors of this “Update” series are mostly members of the mentioned Working Group (GTCIC y RCP), though several of the participants belong to other scientific societies also related to hemodynamic monitorization. We would like to thank all these professionals, the Working Group and the coordinators of the series, for their enthusiasm, dedication and commitment to this project. In turn, thanks are also due to the journal Medicina Intensiva for offering the opportunity to publish this series, and for its unconditional support of the initiative.

**Conflicts of interest**

The authors have no conflicts of interest to declare.