In adult hematologic malignancy patients, intracranial hemorrhage (ICH) is the "second leading cause of mortality in patients with acute myeloid leukemia (AML)". The presence of concomitant thrombocytopenia makes it crucial to rapidly communicate and evaluate signs and symptoms of ICH. The initial signs and symptoms of acute and subacute ICH are often subtle and frequently missed by clinicians. A clinical case of delayed head computed tomography (CT) scan evaluation served as the impetus to form an interprofessional team to review patients diagnosed with ICH in this National Cancer Institute designated Cancer Center. The purpose of this study was to identify early signs and symptom clusters occurring in the adult hematologic malignancy inpatients with ICH.

A comprehensive literature review of ICH in adult hematologic malignancy patients was completed using MeSH terms: intracranial hemorrhage, adult hematologic malignancy, acute leukemia, tyrosine kinase inhibitors, bleed. Thirty-five articles were reviewed. One article was excluded, and fourteen were Level V case reports with varying quality. One was an article from a multi-institutional retrospective review, small study population, potential list of incidental findings). Limitations of this study included: retrospective review, small study population, potential list of symptoms incomplete or incomplete assessment by caregivers with possible inadequate documentation.

The identified signs and symptom clusters will be used to develop a protocol for identifying, communicating and acting upon patients suspected of ICH. We anticipate that using a protocol will reduce time from the onset of symptoms/signs of ICH to institution of appropriate evaluation and management.

References