



Consult Frameworks: Suspected Hemolysis

*A Cognitive Operating System for Managing
Uncertainty, Tempo, and Physiologic Threat*



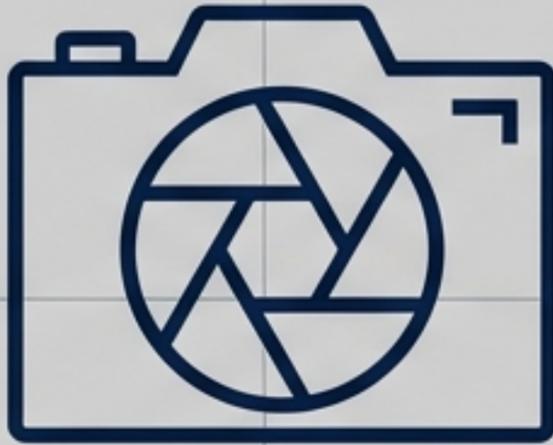
Key Insight

How to use focused cognitive tools to support safe judgment when the stakes are real and the biology hasn't fully declared itself.

Based on the work of William Aird

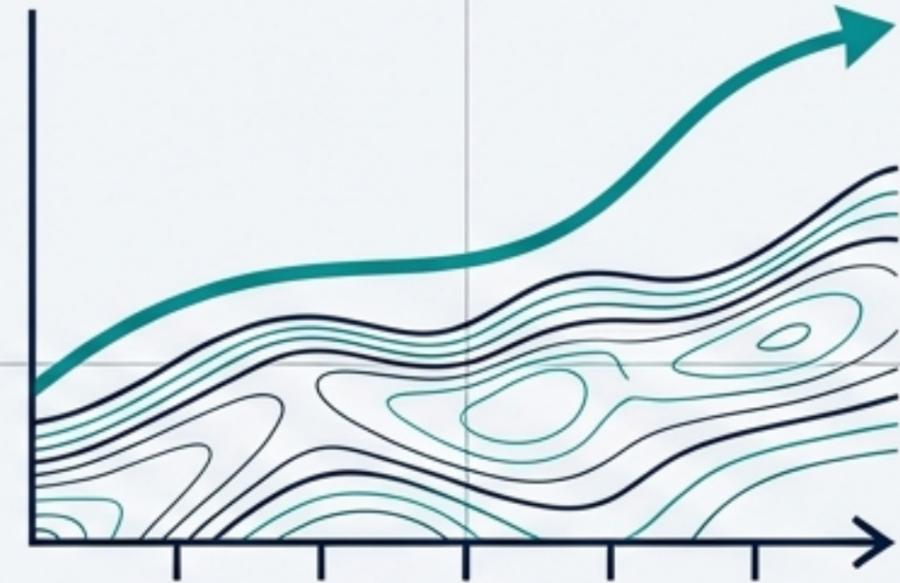
Suspected Hemolysis is a Signal, Not a Diagnosis.

The Static View (The Trap)



- Looking at a Snapshot (Labs)
- Question: What is the diagnosis?
- Risk: Treating a mimic as destruction, or treating evolving physiology as a static number.

The Dynamic View (The Reality)



- Looking at the Terrain (Tempo + Physiology)
- Question: What is the trajectory and dominant danger?
- Reality: Most abnormal markers reflect systemic illness. Only a subset is true destruction.

We need a framework to recognize, weight, and communicate risk before certainty exists.

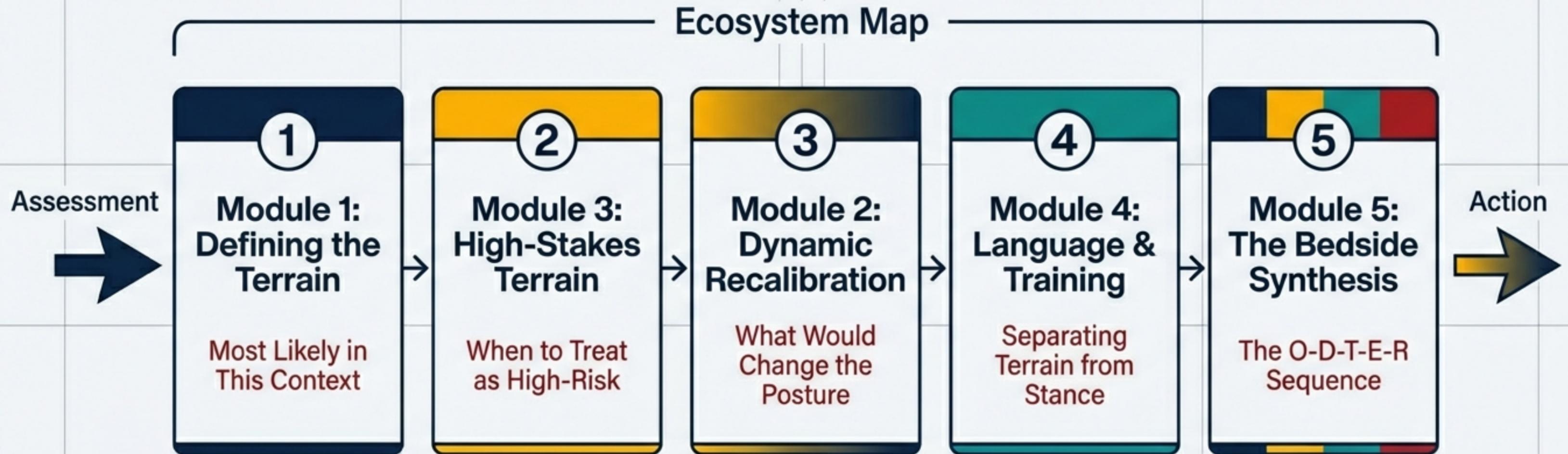
The Operating System: Orientation, Thinking, Execution.



The Loop:
Not a checklist, but a continuous cycle to test if posture fits the terrain.

Five Cognitive Tools for Thinking in Motion.

Practical instruments to support the O-T-E lenses at the bedside.



Module 1: Defining the Terrain.

Core Question: In this specific context, which explanations deserve the most weight?

Contextual Weighting Matrix

Scenario A: Falling Hb + Unstable Physiology	Weight: Destruction or Bleeding Frame
Scenario B: Stable Hb + Longstanding Abnormal Markers	Weight: Chronic Destruction or Baseline Frame
Scenario C: Reticulocytopenia	Weight: Production-Limited Frame (Marrow/Systemic)
Scenario D: LDH high / Bilirubin modest / Minimal Retic	Weight: Ineffective Erythropoiesis or B12/Folate

Abnormal LDH and bilirubin are signals that must be interpreted within *tempo*. Weight depends on trajectory, not just lab values.

Module 3: Recognizing High-Stakes Terrain.

The Stance: Microangiopathic patterns (TTP/HUS) are High-Urgency Provisional Terrain until proven otherwise.



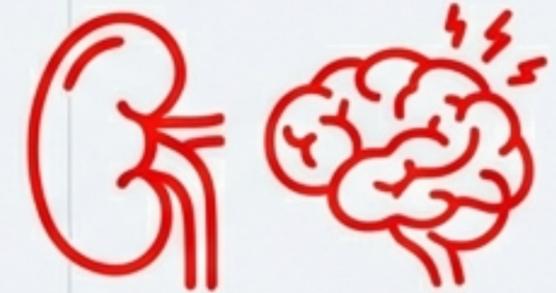
Fragmentation on smear
+ Internal Consistency

⇒ **ESCALATE:**
High-risk destruction
terrain.



Falling Hb +
Falling Platelets

⇒ **STRENGTHEN:**
Microangiopathic frame
vs. isolated hemolysis.



Renal/Neuro dysfunction
+ Anemia

⇒ **HEIGHTEN URGENCY:**
Concern for asymmetric
harm.

Why it matters: This terrain is potentially catastrophic and rapidly evolving.
Misclassification here is dangerous.

Module 2: Dynamic Recalibration

Core Concept: Expert consultants revise weight deliberately based on trajectory

Trajectory Analysis Board		
 Rapid Hb Decline	Rapid Hb Decline	➔ Escalate Concern / Increase Protection
 Stable/Improving Hb	Stable/Improving Hb	➔ Release by Non-Progression
 Rising Retic Count	Rising Retic Count	➔ Supports Compensation (Monitor)
 Persistent Reticulocytopenia	Persistent Reticulocytopenia	➔ Broaden Vigilance (Marrow/Systemic)
 Inconsistent Markers	Inconsistent Markers	➔ Increase Ambiguity Weighting (Avoid Closure)

Key Discipline Note: Escalation and release are functions of trajectory, not single markers.

The Art of Release.

“Non-progression is an active data point, not the absence of information.”

Escalate

When danger is plausible.

Hold Vigilance

When uncertainty remains.

Release Concern

When biology fails to reinforce feared trajectories.

Use this to protect against premature reassurance (releasing too early) AND premature closure (locking onto a diagnosis that isn't evolving).

Module 5: The Bedside Synthesis (O-D-T-E-R).

A rapid cognitive map for when meaning is emerging.



Module 4: Language & Lens Training

Practice separating Terrain, Stance, and Action in speech

Orientation Statement
(Defining Tempo)

“Hemoglobin fell from 9 to 6 overnight overnight.”

Thinking Statement
(Assigning Posture)

“Given the tempo, this deserves reserve-threat weighting.”

Execution Statement
(Visible Action)

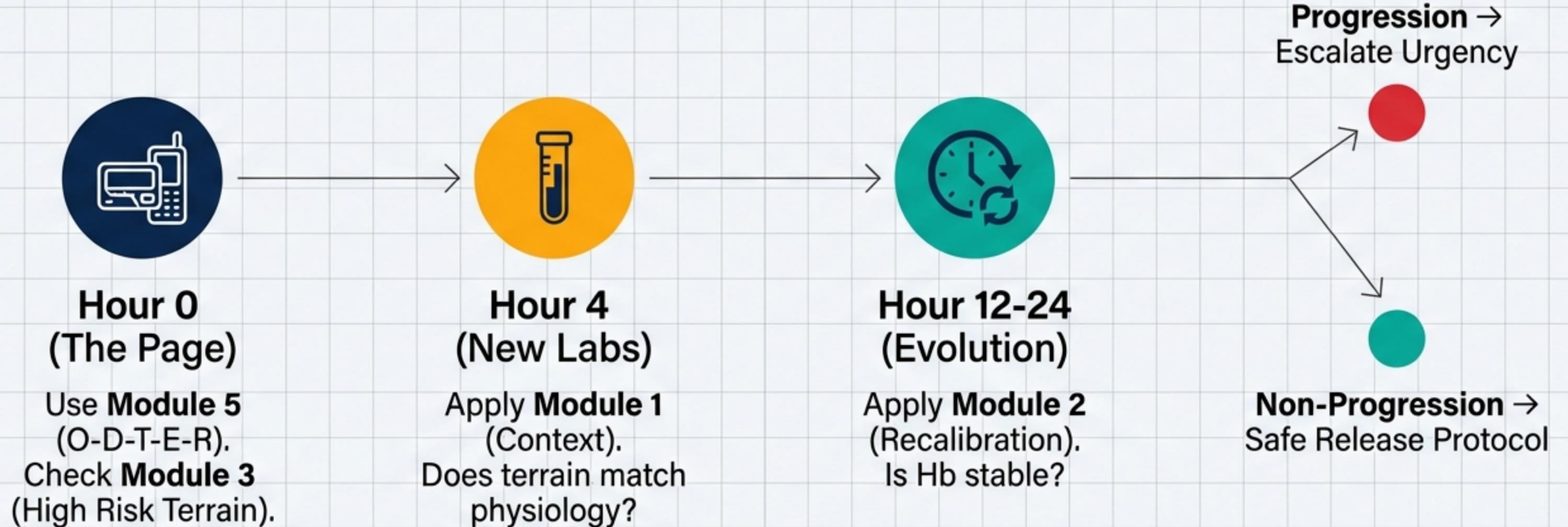
“We need to repeat the smear and labs.”

Thinking Statement
(Uncertainty Discipline)

“We will hold judgment until trajectory stabilizes.”

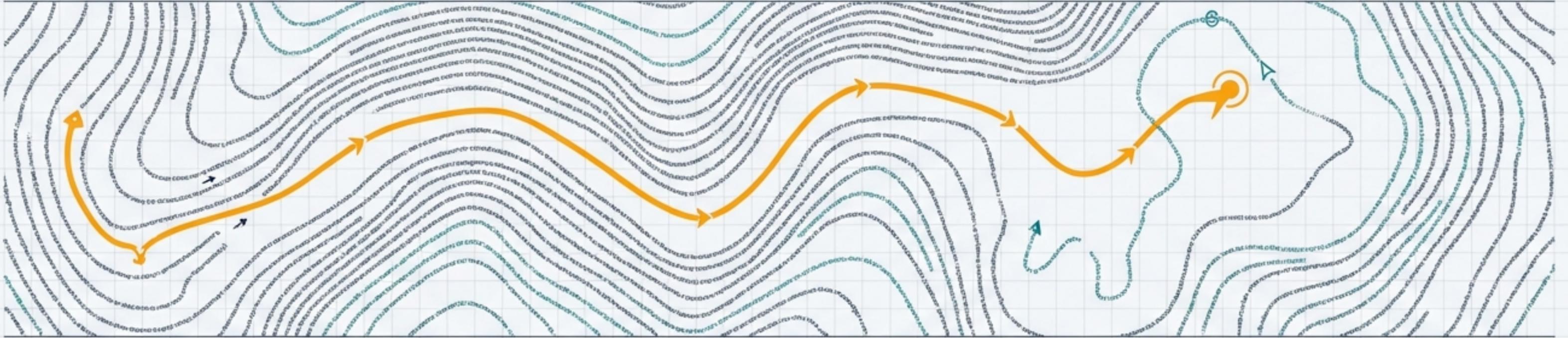
Reduce category errors and improve reasoning clarity for the whole team.

The First 24 Hours: The Framework in Motion



“Release by non-progression is as important as escalation.”

Thinking in Motion.



- Suspected hemolysis is a signal of reserve-threat, not a static diagnosis.
- Orientation defines the terrain.
- Thinking assigns weight.
- Execution makes judgment visible.
- Danger connects them all.

Don't just interpret the labs. Recognize the world you are in, decide what deserves attention, and revise your posture as the story evolves.