

Form 4c

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Thrombocytapheresis Treatment – Treatment Protocol – I

Name:	First name:	Date of birth:	ID-No.
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Treatment cycle _____ No. _____ Date _____
 Type of treatment _____ Device (technique) _____ Set/Charge _____
 Blood-/plasma volume to be processed _____ Program _____
 Exchange fluid/differential separation system _____
 Access to the circulation _____

SAFETY CHECK PRIOR TO THE TREATMENT

Priming complete and bubble free ()
 Return line completely filled ()
 NaCl-clamp (priming) closed ()
 Alarms in complete function ()
 Primary system and needs safely connected ()
 Sekundary system o.k. ()
 Infusion pumps without problems ()
 All solutions transparent and clear ()
 All solutions correctly connected Citrate ()
 NaCL ()

AC/whole blood ratio
 Program
 Blood warmer (temperature)
 Batch documentation (Set, solution) ()
 ()

CONTROLS DURING THE TREATMENT

	Time					
Return without problems (waste)						
Exchange fluid returned to patient						
AC-whole blood ratio 1 : _____						
Heparin - infusion _____ IU/h						
Separated plasma transparent and clear						
Collection bag continously filled						
Aggregation?						
Pump speed (ml/min) Plasma						
Erythrozytes						
Antikoagulaion						
Infusion						

Problems/Remarks _____

Prepared: _____ Signature: _____

Controlled: _____ Signature: _____

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Thrombocytapheresis Treatment – Treatment Protocol - II

Infusions / Transfusions

	Type	Blood group	Manufacturer	Batch	Volume (ml)	Cross matching
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Exchange – Total volume (ml) _____

Other Infusions

	ml	Ch.		Product	Collection bag
ACD A	_____	_____	Heparin _____	Total weight (g)	_____
Citrate (%)	_____	_____	Ch _____	Net weight (g)	_____
NaCl (0,9%)	_____	_____	before _____ IU	Net volume (ml)	_____
Electrolytes	_____	_____	during _____ IU	Leuco x 10 ⁹ /l	_____
	_____	_____	total _____ IU	Ery x 10 ¹² /l	_____
Total-volume:	_____	_____		HK %	_____

Patient weight	before _____ kg	Leukocytes x 10 ¹⁰	_____
	after _____ kg	Erythrocytes ml	_____
		Platelets x 10 ¹¹	_____
		MNC x 10 ¹⁰	_____

START OF TREATMENT: _____ TIME - END _____ Time - PERIOD _____

P	RR												hours
200	300												
190	280												
180	260												
170	240												
160	220												
150	200												
140	180												
130	160												
120	140												
110	120												
100	100												
90	80												
80	60												
70	40												
60	20												
50													
40													

Side effects: No / Yes (s. appendix III)
 UV-irradiation: System (device) _____ Energy _____ (Joule/Min)
 Bag (manufacturer) _____ Time period: _____ (Min)
 Remarks: _____
 Operator _____ Physician _____ Date _____

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Thrombocytopheresis Treatment – Treatment Protocol - III

Name:	First name:	Date of birth:	ID-No.
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Treatment cycle _____ No. _____ Date _____

Technical problems:

1. Automated control
2. Safety system
3. Mechanics
4. Currency
5. Separation chamber
6. Tubing set
7. Coagulation
8. Haemolysis
9. Separation problems (irregularities)
10. Termination (reason?)
11. Other problems

Remarks (explanations): _____

Patient problems during the separation:

Subjective complaints:

1. Headache
2. Sweating
3. Vertigo
4. Heart beat
5. Vomiting
6. Local paraesthesia (e.g. tongue)
7. Generalised paraesthesia
8. Other problems

objective complaints:

1. Tetany
2. Arrhythmia (ECG)
3. Vomiting
4. Blood flow
5. Drop of blood pressure (more than 30 mmHg)
6. Pulse (irregularities, increase of more than 30 per min.)
7. Temporary interruption (explanation requested)
8. Temination (explanation requested)
9. Other problems

Explanation: _____

Operator _____ Signature _____

Physician _____ Signature _____