

Form 4d

Version: 01 since: page:		Number:	
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Plama Exchange Therapy – 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 needles 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 continuously filled						
Aggregation?						
Pump speed (ml/min) Plasma						
Erythrozytes						
Antikoagulaion						
Infusion						

Problems/Remarks _____

Prepared: _____ Signature: _____

Controlled: _____ Signature: _____

Form 5d

Version: 01 since: page:	Name: First name: Date of birth:	Number.	
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Plasma Exchange Therapy – 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) _____

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

Form 6d

Version: 01 since: pagee:		Number:.	
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Plasma Exchange Therapy – 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 _____