RRT with CytoSorb – Pre Filter

Quick Setup Guide

CytoSorbents™

Notes prior to treatment start

- Preparation and use of CytoSorb must always be carried out under hygienic conditions.
- Before connecting CytoSorb the supply tubing system must be airlessly primed with sterile isotonic saline solution.
- **Under no circumstances should air enter the CytoSorb Adsorber.**
- Always pay attention to the running direction indicated on the label when installing CytoSorb.
- The recommended blood flow rate should be between 150 - 700 ml/min, with a minimum of 100 ml/min.
- The maximum duration of usage of a CytoSorb adsorber should not exceed 24 hours.
- It may be advisable to change the adsorber sooner if there is evidence of an exhausted elimination capacity.
- Check the extracorporeal circuit at regular intervals for signs of blood clots, the secure fit of the connections and air within the circuit.

Anticoagulation

- Anticoagulation must be effective at the start of treatment.
- In general, no special adaptations of the protocols for CytoSorb are necessary. The specifications of the device manufacturer must be observed.
- Systemic heparinization
  - An aPTT of 60-80 s or an ACT of 160-210 s is usually sufficient for CytoSorb. The aPTT or ACT should be checked regularly.
- Regional anticoagulation with citrate
  - Initial dose, blood flow rate, control and adjustment of calcium and citrate according to protocol used. Citrate and calcium additions are made at the usual sites of the CRRT.
  - The control of ionized calcium (CRRT circuit & patient) a few minutes after the start of treatment and at regular intervals of 2-4h is recommended.
- Any decision on dosage and target values is the responsibility of the treating physician.

Materials required

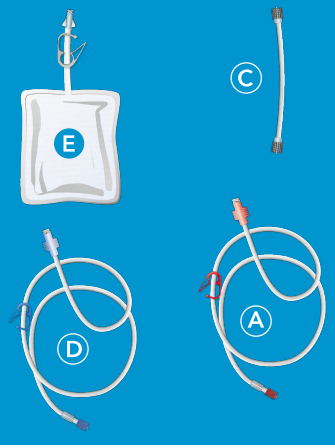
Mounting option for CytoSorb

Normal saline 2 liters, sterile

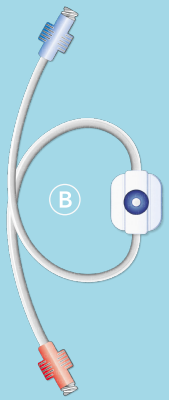
Plastic scissor clamps, x 4

Adsorber

Priming Adapter 1 (1a)



Adapter 1 (1b)



H CytoSorb Adsorber

A Red Luer Lock – Red DIN Lock

C DIN Lock color neutral - DIN Lock color neutral

D Blue DIN Lock – Blue Luer Lock

E 2 liter disposal bag

B Blue DIN Lock – Red DIN Lock

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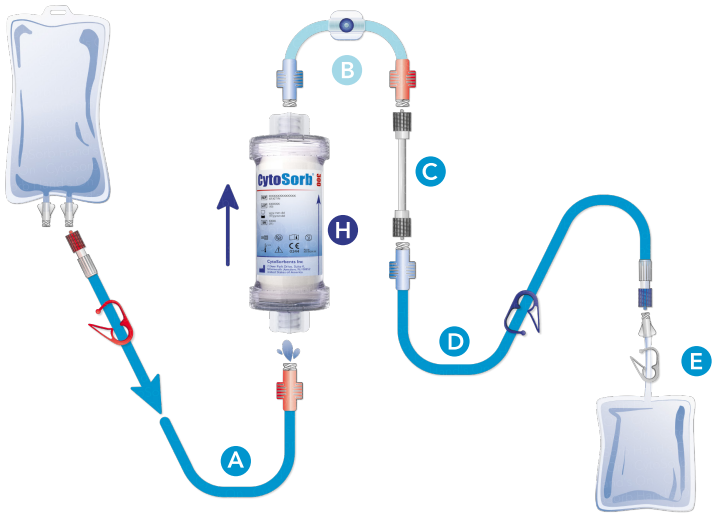
Step 1 – Flush before integration

Completely prepare the device according to manufacturer's instructions (incl. flushing). If necessary during ongoing renal replacement therapy first interrupt the treatment (return blood and disconnect patient according to the manufacturer's instructions for each device).

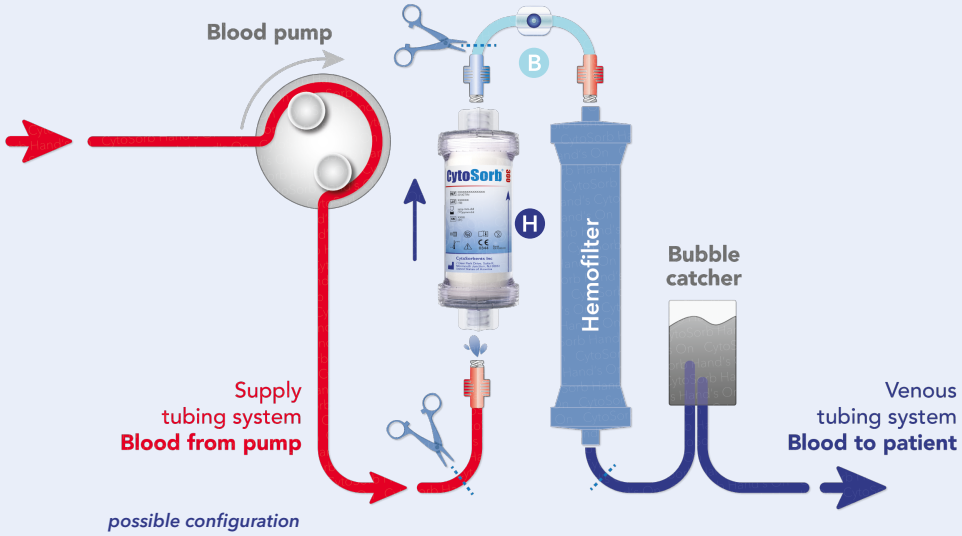
1. Connect saline solution with A, **deaerate** and close **red clamp** on A.
2. Connect A bubble-free with CytoSorb blood inlet H (**bottom**). **Observe flow direction!**
3. Connect CytoSorb blood outlet H (**top**) with B, C, D and E.
4. Open **red clamp** on A and rinse CytoSorb H by gravity with 2 liters of saline and deaerate it by tapping.
5. Close **red clamp** on A and **blue pinch clamp** on D.

Caution: Never remove both caps at the same time



Step 2 – Integration pre filter

6. Stop blood pump.
7. Clamp all tubes at the dialyzer at ⁞ by use of **clamps**.
8. Disconnect A from CytoSorb blood inlet H (**bottom**) and discard it.
9. Disconnect **arterial blood tube** from dialyzer blood inlet and connect bubble-free with CytoSorb blood inlet H (**bottom**).
10. Disconnect C from B and discard C, D and E.
11. Connect B bubble-free with dialyzer blood inlet.
12. Remove all **clamps** at ⁞ and start blood pump.
13. Start patient treatment as prescribed.



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Watch the complete set-up video: cytosorb.com/setup

The clinical and preclinical data and results obtained with the CytoSorb adsorber are not transferable to other products. CytoSorb should only be administered by personnel who have been properly trained in administration of extracorporeal therapies. CytoSorb is not available for commercial sale in USA.

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