CytoSorb[®]



Best practice flowchart **liver dysfunction**



Patient selection

- Bilirubin > 10 mg/dl (> 170 µmol/l)
- Hepatic encephalopathy grade≥ 2
- Acute Liver Failure or Acute-on-Chronic Liver Failure grade 2-3
- Concomitant vasoplegic shock not responding to standard therapy (best to be used within first 24 hrs.)
- Onset of liver failure after surgery or transplantation
- Intractable pruritus



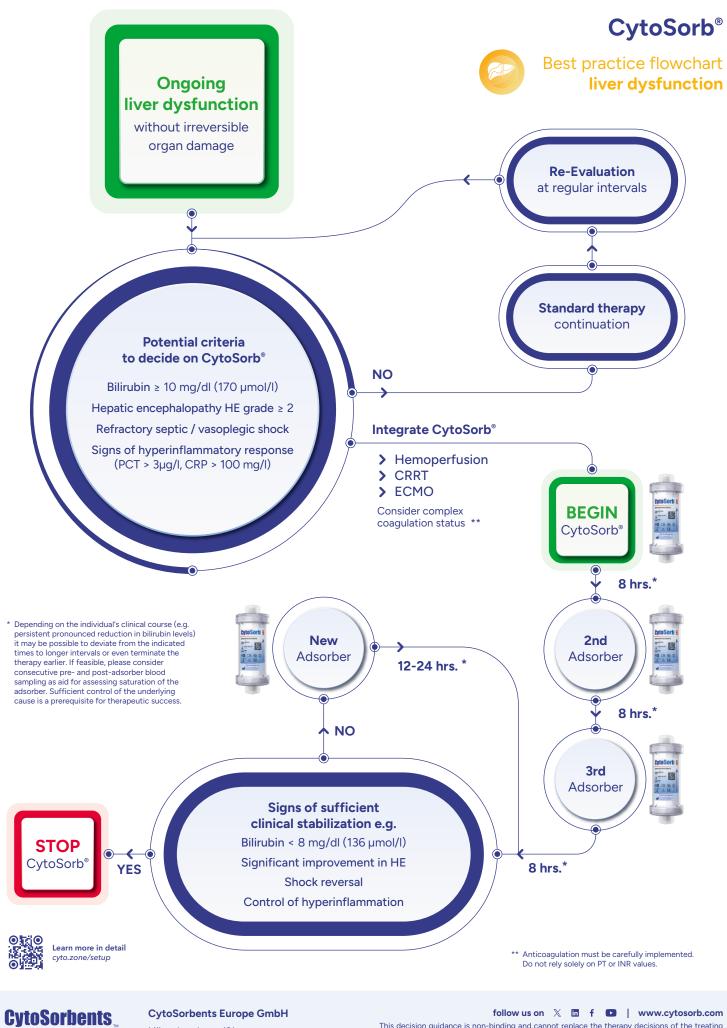
Timing

Integrate CytoSorb® in hemoperfusion, CRRT or ECMO



Dosing

Consider changing the adsorber after 8 hours until suficient stabilization / clinical improvement is seen



Müggelseedamm 131 12587 Berlin | Germany T +49 30 65 49 91 45 F +49 30 65 49 91 46 support@cytosorbents.com This decision guidance is non-binding and cannot replace the therapy decisions of the treating physician, who is in all cases responsible for the development and implementation of an adequate diagnostic and therapeutic plan for each individual patient. This chart is based on clinical data and best practice gained with CytoSorb* 300 and not transferable to any other blood purification device. 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. CytoSorb* and CytoSorbents Europe GmbH. All rights reserved. B1337R03ENG2023