

Form 4

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Haemapheresis Treatment - Treatment Protocol – I

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

Type of treatment _____ Technical system _____ Set/Charge _____

Processed blood- / Plasma volume _____ Program _____

Exchange fluid / secondary system _____

Excess: Venovenous _____ Central venous _____ Arterial venous _____ Artificial _____

SAFETY CHECK PRIOR TO THE TREATMENT

- Priming complete and without air ()
- Priming of the return line complete ()
- NaCl-Clamp ()
- Alarm in complete function ()
- Primary system and needles safely connected ()
- Secondary systems correctly connected with the primary system ()
- Infusion pumps without defect ()
- All solutions clear and transparent ()
- All solutions correctly connected Citrate ()
NaCL ()

- AC-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-Blood ratio 1: _____						
Heparin - Infusion _____ IU/h						
Separated plasma clear (haemolysis)?						
Collection bag filled?						
Aggregates?						
Pumps (ml/min) Plasma						
Erythrocytes						
Anticoagulation						
Infusion						

Irregularities / Remarks _____

Prepared: _____ Signature: _____

Controlled: _____ Signature: _____

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Haemapheresis Treatment – Treatment Protocol - II

Infusions / Transfusions

	Type	Manufacturer	Batch	Volume (ml)
1				
2				
3				
4				

Exchange volume (ml) _____

Other Infusions

ACD 1: _____ ml _____ Batch _____ Heparin: _____
 Citrate (%) ml _____ Batch _____ Batch _____
 NaCl (0,9%) ml _____ Batch _____ before _____ U
 Electrolyte ml _____ _____ during * _____ U
 _____ ml _____ total _____ U
 _____ ml _____
 Total volume: ml _____ * from _____ to _____ time _____

BILANCE

Patient weight before _____ kg Protein before _____ g/dl
 After _____ kg after _____ g/dl

Treatment: START _____ TERMINATION _____ TIME _____

Pulse	RR												Time
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													

Adverse events : No / Yes (s. appendix III)

Remarks: _____

Operator: _____

Physician: _____

Signature: _____

Date: _____

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Haemapheresis 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 Problems:

9. Tetany
10. Arrhythmia (ECG)
11. Vomiting
12. Blood flow
13. Drop of blood pressure (more than 30 mmHg)
14. Pulse (irregularities, increase of more than 30 per min.)
15. Temporary eruption (explanation requested)
16. Termination (explanation requested)
17. Other problems

Explanation: _____

Operator _____ Signature _____

Physician _____ Signature _____