

CytoSorb[®]



Best practice flowchart septic/vasoplegic shock



Patient selection

- Refractory septic / vasoplegic shock
- High (and increasing) need for vasopressors
- Inadequate response to standard of care
- Biomarkers (if available):
 - IL-6 > 500 pg/ml
 - PCT > 3 µg/l
 - Ferritin > 1000 µg/l



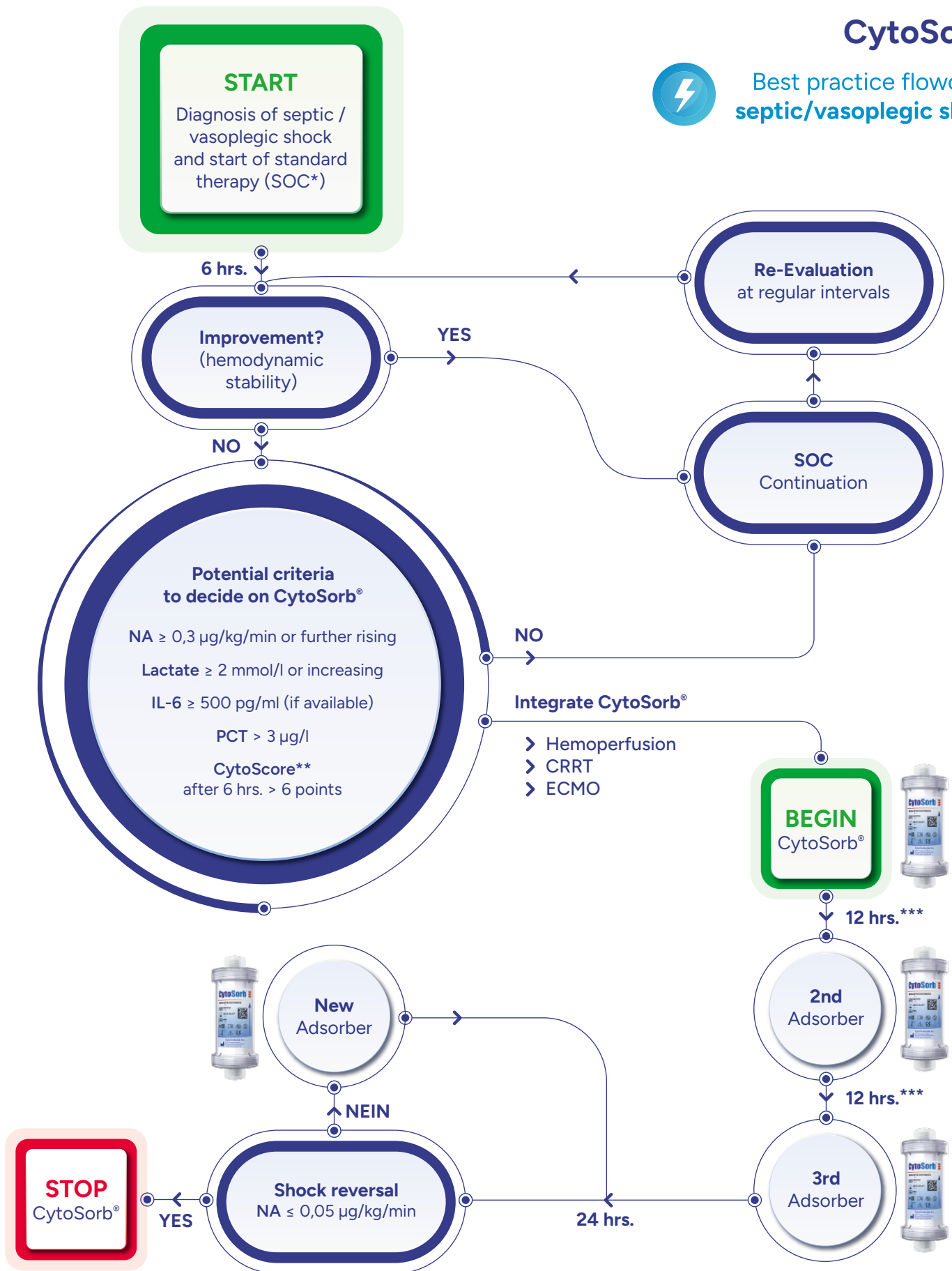
Timing

- Ideally < 12 hours after diagnosis / start of standard therapy
- Don't wait until lactate is > 6.5/7 mmol/L



Dosing

- Continue until sufficient hemodynamic stabilization is achieved
- Change after 12 hours if instability persists



Learn more in detail
cyto.zone/setup

* SOC: Standard of Care | ** Reference: Kogelmann K et al., J Clin Med 2021 10: 2939 | *** Depending on the individual clinical course (e.g. persistent, pronounced reduction in the vasopressor dose under CytoSorb®), the indicated times can also be extended to longer intervals, or the therapy as a whole can also be terminated earlier. Sufficient control of the underlying cause is a prerequisite of therapeutic success.