

Potential Indications for CytoSorb Therapy in the Intensive Care Unit:

- Refractory septic shock
- Vasoplegic shock e.g. postoperatively, with ECMO therapy
- Toxic shock syndrome
- Necrotizing fasciitis
- Meningococcal sepsis
- Hemophagocytic lymphohistiocytosis (HLH)
- Pancreatitis
- Burns
- Trauma
- Liver failure (removal of bilirubin)
- Rhabdomyolysis (removal of myoglobin)

Visit <http://literature.cytosorb.com> for an overview of all references

CytoSorbents Europe GmbH

Müggelseedamm 131
12587 Berlin | Germany

T +49 30 65 49 91 45
F +49 30 65 49 91 46
support@cytosorbents.com

CytoSorbents Switzerland GmbH

c/o MGM GmbH
Wielandstrasse 5 | 4153 Reinach BL | Switzerland

T +41 61 713 73 78
F +41 61 713 73 79
support@cytosorbents.com



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.

This therapy schema is non-binding and cannot replace the therapy decisions of the treating physician. The treating physician is in all cases responsible for the development and implementation of an adequate diagnostic and therapeutic plan for each individual patient.

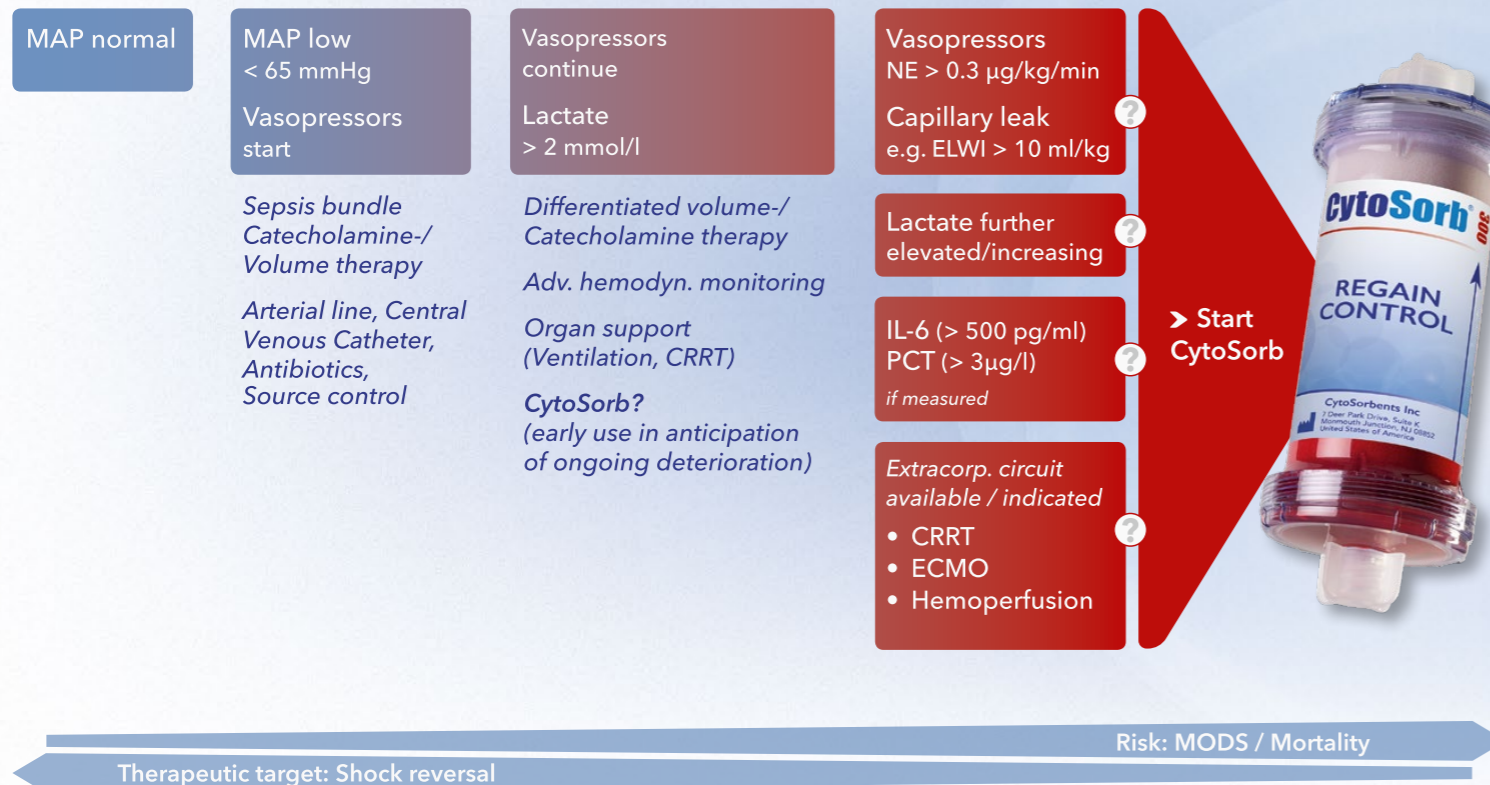
CytoSorb and CytoSorbents are trademarks of the CytoSorbents Corporation, USA.
B1081R02EN2019 © Copyright 2019, CytoSorbents Europe GmbH. All rights reserved.

CytoSorb Therapy

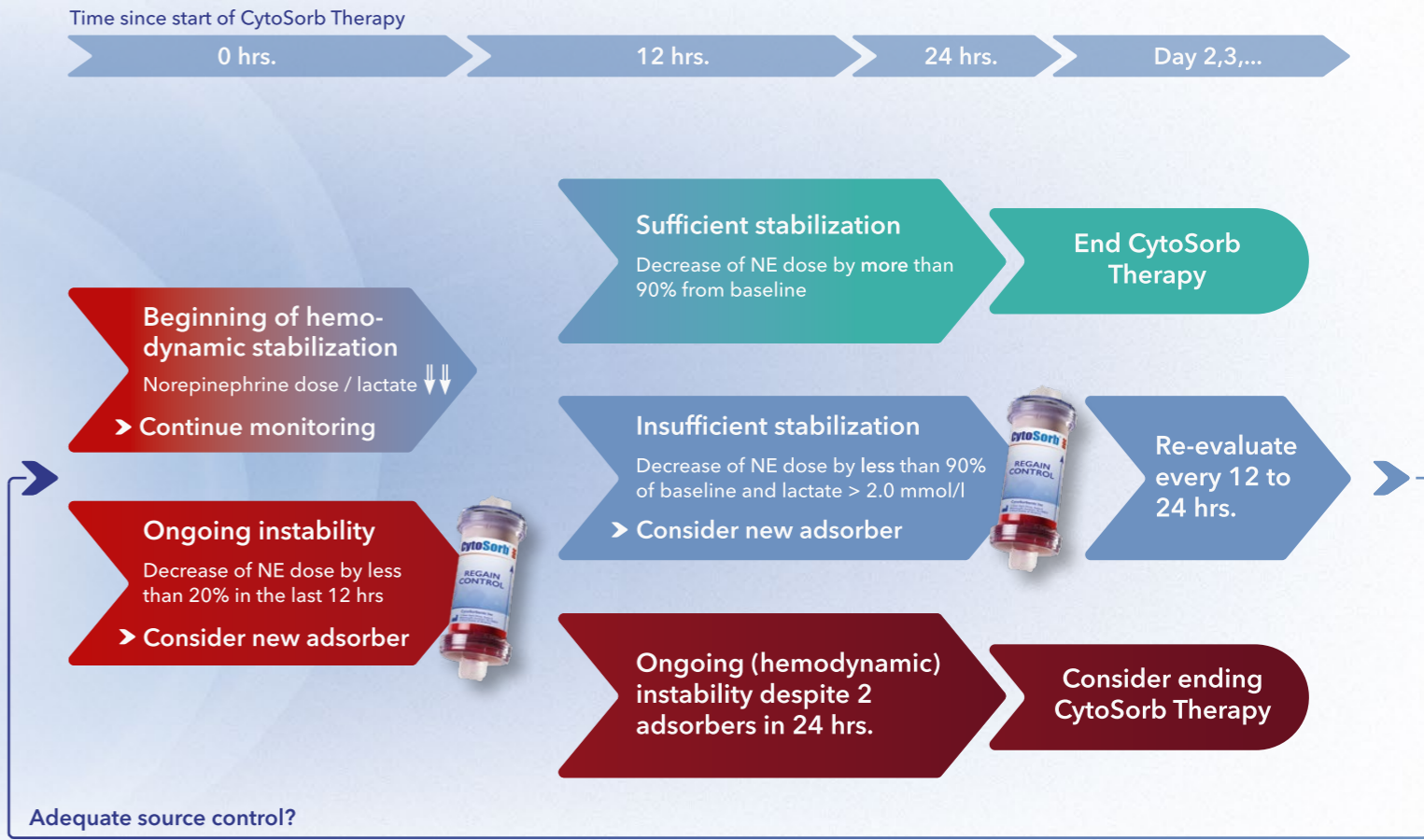
Decision support for septic & vasoplegic shock patients



CytoSorb Therapy - Initiation



CytoSorb Therapy - Continuation



This chart is based on clinical data and best practice gained with CytoSorb 300 and is not transferable to any other blood purification device