

Supplementary material 1. Prescription and monitoring forms.



THERAPEUTIC PLAMA EXCHANGES PRESCRIPTION
UERTU UF6402

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Étiquette
Patient

Date:

Specialist physician:

Prescriber: Department:

Signature:

Prescription				
Indication:				
Session number / previous number of sessions: /			Frequency:	
Patient's characteristics				
Height:	Weight:	Haematocrit:		
Session's characteristics				
Volume to exchange				---- mL
Substitution fluid				
<input type="checkbox"/> Albumin 4%				---- mL
<input type="checkbox"/> Hydroxyethylstarch				---- mL
<input type="checkbox"/> Fresh frozen plasma.				---- mL
Calcium substitution				
<input type="checkbox"/> calcium gluconate:g/h				
<input type="checkbox"/> calcium chloride:g/h				
Blood test /Treatment				
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Therapeutic plasma exchange: monitoring form

Nurse: Date: Weight: High:		Device number: Session number:		Haematocrit: Haemoglobin: Platelets:		Ionized calcium before: after:					
Treatment Fluid substitution <input type="checkbox"/> Albumin 4%: <input type="checkbox"/> FFP: <input type="checkbox"/> calcium gluconate: g/h <input type="checkbox"/> calcium chloride: g/h				Venous access <input type="checkbox"/> Dialysis catheter Insertion date: Localisation site: Aspect: <input type="checkbox"/> PVC: <input type="checkbox"/> AVF:							
Time	Blood pressure	Heart rate	Respiratory rate – SpO2	Blood debit	Plasma debit	Subst. fluid debit	ACD-A debit	Infusion Ratio	P*in P*out	Centri	Comments
Transmissions:										Kit number:	
Duration:				Plasma volume:			Next session:				
Blood volume treated:				Subst. fluid volume:			Substitution fluid to provide:				
Plasma ratio exchanged:				Calcium gluconate:			<input type="checkbox"/> Albumin 4%:				
Patient ACD-A infusion:				Calcium chloride:			<input type="checkbox"/> FFP:				