CytoSorb®

Best practice flowchart **rhabdomyolysis**

Therapy goal

- Support of renal recovery through:
  - Rapid reduction of elevated myoglobin levels
  - Attenuation of hyperinflammation

Patient selection

- Severe rhabdomyolysis with creatine kinase (CK) > 5,000 U/l
- New impairment in kidney function (e.g. glomerular filtration rate (GFR) < 40 ml/min) AND myoglobin > 10,000 µg/l (if available)
- With myoglobin > 30,000 µg/l start of CytoSorb® can be considered independent of renal function

Timing

- Ideally start within the first 24 hrs. after diagnosis / onset of severe rhabdomyolysis
- In general start early before irreversible damage occurs

Dosing

- Consider changing the adsorber already after 8 hrs. if ongoing reduction of myoglobin levels are required.
- Continue until sufficient stabilization or reduction of myoglobin levels are well below 5,000 µg/l (CK < 1,000 U/l) have been reached

CytoSorb®

Best practice flowchart **rhabdomyolysis**

START
Severe rhabdomyolysis
CK > 5,000 U/l

Re-evaluation at regular intervals

Standard therapy continuation

New impairment in kidney function, e.g.

- GFR < 40 ml/min
- Other RRT criteria

AND myoglobin > 10,000 µgl/l (if available)*

With myoglobin > 30,000 µg/l start of CytoSorb® can be considered independent of renal function

NO

Integrate CytoSorb®

- Hemoperfusion
- CRRT
- ECMO

Start of CytoSorb® ideally within 24 hrs. after diagnosis/onset of severe rhabdomyolysis

BEGIN CytoSorb®

8 hrs.**

2nd Adsorber

8 hrs.**

3rd Adsorber

8 hrs.**

New Adsorber

12-24 hrs. **

NO

Sustained reduction in myoglobin with levels < 5,000 µg/l *

(or CK < 1,000 U/l, if myoglobin is not available)

YES

STOP CytoSorb®

Learn more in detail
cyto.zone/setup

* If myoglobin values are unavailable, CK levels or myoglobinuria may provide clues as to the status or progression of the clinical condition. It should be noted that there is no direct removal of CK by the adsorber.

** Depending on the individual's clinical course (e.g. persistent pronounced reduction in myoglobin levels) it may be possible to deviate from the indicated times to longer intervals, or even to terminate the therapy earlier. Suffcient control of the underlying cause is a prerequisite of therapeutic success.

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