



FLUID MANAGEMENT: Perioperative Implications for Practice

You are invited . . .

To attend a FLUID MANAGEMENT: Perioperative Implications for Practice educational program, developed by Grifols, regarding fluid management and the use of Albutein® 5% (albumin [human] U.S.P.).

PROGRAM INFORMATION

When: Friday, April 29, 2016 at 6:00 PM

Where: Water's Edge Resort & Spa | Standard Room
1525 Boston Post Road | Westbrook, CT 06498
(860) 399-5901

Speaker: Scott Brudney, MB BCh, FRCA, FFICM
Departments of Anesthesiology, Critical Care and Medicine
Duke University Medical Center

Host: Kathie Bianconi | (603) 568-1604 | Kathie.Bianconi@grifols.com

REGISTRATION INFORMATION

Register online at <http://www.tinyurl.com/GRIABU> Reference Program #: 5614AP2916

You may also complete the accompanying registration form and email to Grifols@plan365inc.com or fax to 919-534-2208.

If you prefer to register by phone or if you have any questions regarding this program, please call 1-877-870-9060.

In accordance with the Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals, attendance at this educational program is limited to healthcare professionals. Accordingly, attendance by guests or spouses cannot be accommodated.

Indications and Usage

- Cardiopulmonary bypass procedures
- Hypoalbuminemia
- Hypovolemia
- Plasma exchange

Important Safety Information

Albutein 5% (albumin [human] U.S.P.) is indicated for: hypovolemia, cardiopulmonary bypass procedures, hypoalbuminemia, and plasma exchange.

Albutein 5% is contraindicated in patients with severe anemia or cardiac failure in the presence of normal or increased intravascular volume. The use of this product is contraindicated in patients with a history of allergic reactions to albumin.

Allergic or anaphylactic reactions require immediate discontinuation of the infusion and implementation of appropriate medical treatment.

Hypervolemia may occur if the dosage and rate of infusion are not adjusted to the patient's volume status. At the first clinical signs of fluid overload, the infusion must be slowed or stopped immediately. Use albumin with caution in conditions where hypervolemia and its consequences or hemodilution could represent a special risk to the patient.

Regular monitoring of coagulation and hematology parameters is necessary if comparatively large volumes are to be replaced. Care must be taken to ensure adequate substitution of other blood constituents (coagulation factors, electrolytes, platelets and erythrocytes).

Regularly monitor hemodynamic parameters during administration of albumin.

This product should be administered with caution to patients with low cardiac reserve.

A rapid rise in blood pressure following infusion necessitates careful observation of injured or postoperative patients to detect and treat severed blood vessels that may not have bled at a lower pressure.

Albumin must not be diluted with sterile water for injection as this may cause hemolysis in recipients. If dilution is required, acceptable diluents include 0.9% Sodium Chloride or 5% Dextrose in Water.

Albutein 5% is made from human blood plasma. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases, including a theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD). Although no cases of transmission of viral diseases or CJD have ever been identified for albumin, the risk of infectious agents cannot be totally eliminated.

The most serious adverse reactions with use of albumin are anaphylactic shock, heart failure and pulmonary edema. The most common adverse reactions are anaphylactoid type reactions. Adverse reactions to albumin normally resolve when the infusion rate is slowed or the infusion is stopped. In case of severe reactions, the infusion should be stopped and appropriate treatment initiated.

Please see accompanying Full Prescribing Information for complete prescribing details.

