ACTIVE FLUID EXCHANGE

Ventriculitis Decision Tree

ACE SOCIETY
Active Cerebrospinal Fluid Exchange

Medication Administration

LOCATION
Insert catheter by the confluence of the 3rd ventricle

MEDICATION
Administration is variable based on type of bacteria

IRRIGATION SOLUTION
LR

IRRIGATION RATE
Start at 60 mL/hr

Increase on an hourly basis to maximum tolerated level

Every time irrigation is started or adjusted, closely monitor the patient's ICPs & drainage outputs for 15 mins.

BAG HEIGHT
5 mmHg

ALARMS
Low: 0 mmHg

High: 50 mmHg first 8 hours

High: 20 mmHg after ICP is stabilized

Therapy Consideration

Device Settings

LOCATION
Insert catheter opposite side of bacterial mass

MEDICATION
N/A

IRRIGATION SOLUTION
LR

IRRIGATION RATE
Start at 60 mL/hr

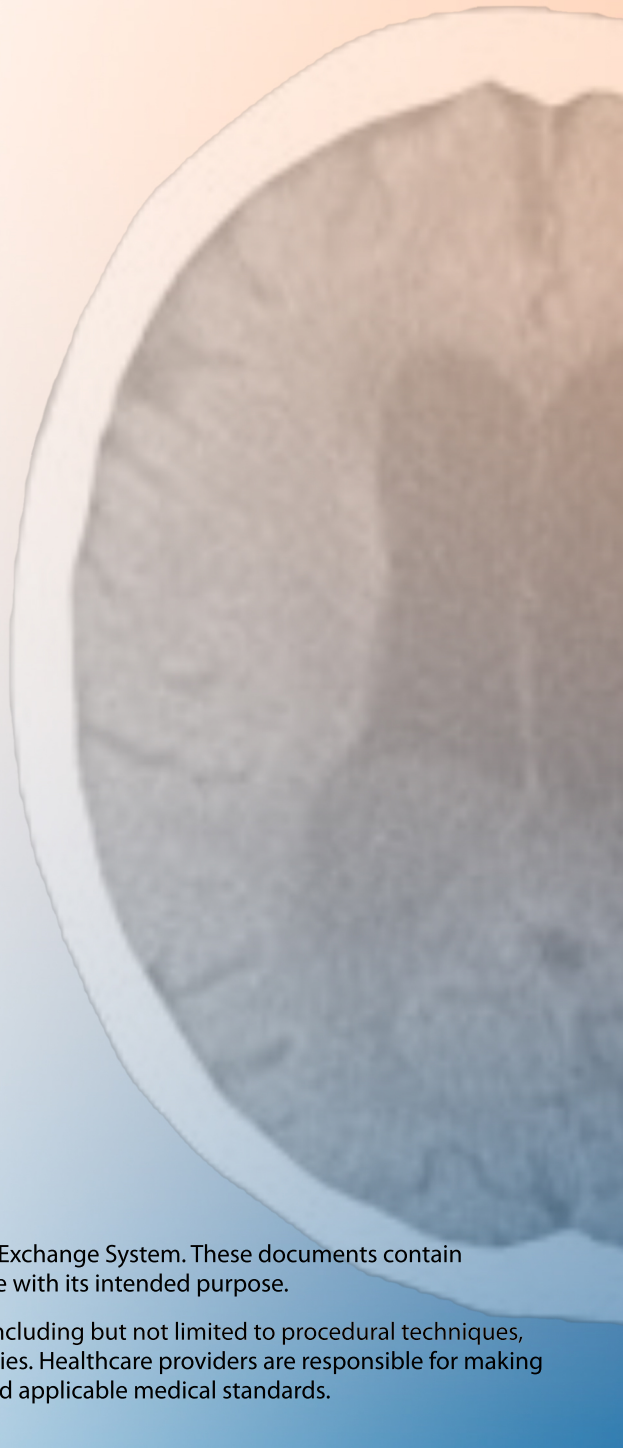
Increase on an hourly basis to maximum tolerated level

Every time irrigation is started or adjusted, closely monitor the patient's ICPs & drainage outputs for 15 mins.

BAG HEIGHT
5 mmHg

ALARMS
Low: 0 mmHg

High: 20 mmHg



The ACE Society Active Fluid Exchange Ventriculitis Decision Tree is provided as a guidance document for use of the IRRA*flow* Active Fluid Exchange System. These documents contain recommendations and suggestions intended to assist qualified medical personnel in the safe and effective use of the device in accordance with its intended purpose.

These materials are not intended to replace clinical judgment or the expertise of trained healthcare professionals. All recommendations, including but not limited to procedural techniques, irrigation protocols, patient monitoring, and medication administration, are suggestions based on clinical experience and referenced studies. Healthcare providers are responsible for making independent clinical decisions tailored to the specific needs of each patient, considering individual patient conditions, clinical settings, and applicable medical standards.

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Key watch outs and other recommendations:

1. Always use the device per the IFU
2. If inserting the catheter into thick purulent material, then ICP's will be inaccurate until there is communication with the rest of the ventricular system. This may take 6 to 10 hours. In the meantime, assess the patient, ensure proper drainage, obtain serial CT imaging, and consider utilizing parenchymal ICP monitoring.
3. Once the third and fourth ventricle are open, there may be retention of fluid as fluid is being diverted to the spine.
4. pH imbalances may occur if using Normal Saline, we strongly recommend using Lactated Ringers.
5. Fluid imbalance is normal during treatment. This means you may retain more fluid than what is being drained. Ensure the patient is responding to therapy and make adjustments if clinically needed.
6. If using medication, then please read the following papers providing in the bibliography below.
7. Rotation of the patient in 90 degree increments every 4 hours is strongly encouraged. This assist with dispersion of the medication.

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