



LiMON *Therapeutic check list*

Results

$PDR \leq 16 \%/min$

Therapy

↓
**Reduce/stop
hepatotoxic drugs**

→ **Optimize global hemodynamic situation**

→ **Liver support therapy**

- Advanced hemodynamic monitoring (PiCCO-Technology)
- Optimize splanchnic inflow
 - Optimize preload
 - Positive inotropic or vasoactive drugs¹
- Optimize venous return
 - Reduction of intrathoracic pressure
 - Reduction of intra abdominal pressure
 - Improvement of (right) heart function²

- Contact liver specialist
- Treatment of alcoholic hepatitis³
- Install extracorporeal support system MARS

Target

$PDR > 16 \%/min$

¹dobutamine, phosphodiesterase III inhibitor, prostaglandin; ²dobutamine, phosphodiesterase III inhibitor, adrenaline, prostaglandin, NO inhalation; ³steroids, pentoxifylline

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Without guarantee

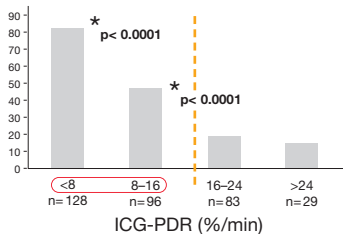




The disappearance rate (PDR) of ICG-PULSION

2/3 of surgical intensive care patients qualified for advanced hemodynamic monitoring exhibit reduced PDR values. A PDR ≤ 16 %/min requires intervention.

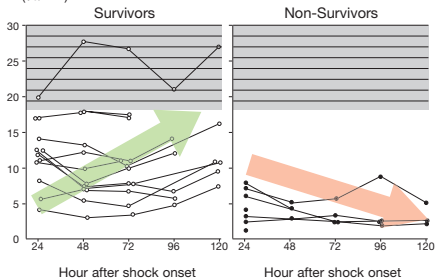
Mortality (%)



Sakka S, Reinhart K, Meier-Hellmann A: Chest 122 (5), 1715-1720, 2002

Patients in septic shock will not survive, if a reduced PDR can not be increased within the first 120 hours.

PDR (%/min)



According to: Kimura S et al: Crit Care Med 29 (6), 1159-1163, 2001

Normal ranges

Plasma disappearance rate of ICG	PDR	18-25	%/min
ICG Retention rate after 15 min	R15	0-10	%
ICG Clearance (Index)	CBI	500-750	ml/min/m ²

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