



OPTIMIZING FLUID MANAGEMENT: Perioperative Implications for Practice

You are invited...

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

PROGRAM INFORMATION

When: **Friday, October 13, 2017 at 6:00 PM**

Where: **Renaissance Asheville Hotel | 31 Woodfin Street | Asheville, NC 28801**

Speaker: **Amy Manchester, MD**
Assistant Professor of Anesthesiology, Duke University Medical Center
Durham Veterans Affairs Medical Center, Durham, NC

Host: **Meredith Zannino | (443) 610-4532 | meredith.zannino@grifols.com**

REGISTRATION INFORMATION

Register online at <http://www.tinyurl.com/GRIABU> Reference Program #: **5621OC1317**

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.

Important Safety Information

ALBUTEIN® 25% (albumin [human] U.S.P.) is indicated for: hypovolemia, cardiopulmonary bypass procedures, acute nephrosis, hypoalbuminemia, ovarian hyperstimulation syndrome, neonatal hyperbilirubinemia, adult respiratory distress syndrome (ARDS), and prevention of central volume depletion after paracentesis due to cirrhotic ascites.

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

ALBUTEIN 5% and 25% are contraindicated in patients with a history of hypersensitivity to albumin preparations or to any of the excipients, and in patients with severe anemia or cardiac failure with normal or increased intravascular volume.

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.

The colloid-osmotic effect of human albumin 25% is approximately five times that of blood plasma (20% four times that of blood plasma). Therefore, when concentrated albumin is administered, care must be taken to assure adequate hydration of the patient. Patients should be monitored carefully to guard against circulatory overload and hyperhydration. Patients with marked dehydration require administration of additional fluids.

Concentrated (20% - 25%) human albumin solutions are relatively low in electrolytes compared to 4% - 5% human albumin solutions. Regularly monitor the electrolyte status of the patient and take appropriate steps to restore or maintain the electrolyte balance when albumin is administered.

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 ALBUTEIN 5% and 25%.

ALBUTEIN 5% and 25% must not be diluted with sterile water for injection as this may cause hemolysis in recipients.

Albumin is a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) is also considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for ALBUTEIN 5% or 25%.

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 ALBUTEIN 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 ALBUTEIN.

