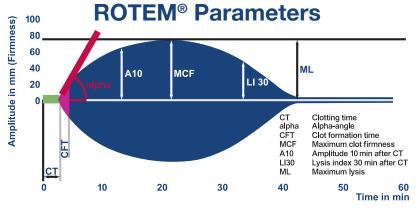
#### ROTEM® POCKET GUIDE

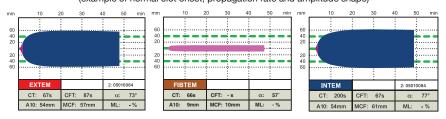


## Parameter Reference Range<sup>1</sup>

	СТ	CFT	a angle	A10 <sup>2</sup>	A20	MCF
INTEM	122-208	45-110	70-81	40-60	51-72	51-72
EXTEM	43-82	48-127	65-80	40-60	50-70	52-70
FIBTEM						7-24
НЕРТЕМ	Compare to INTEM					
APTEM	Compare to EXTEM					

### "Normal" TEMograms Shapes

(example of normal clot onset, propagation rate and amplitude shape)



Disclaimer: This Pocket Guide is intended for use by qualified and trained ROTEM® users to assist in the safe use and interpretation of the results of the ROTEM® *delta* Thromboelastometry System. Results from the ROTEM® *delta* should not be the sole basis for a patient diagnosis; ROTEM® *delta* results should be considered along with a clinical assessment of the patient's condition and other coagulation laboratory tests.

BR2013.01v01

# **ROTEM® Results in Clinically Significant Bleeding**

CT<sub>IN</sub> Prolonged Suggests Heparin influence or intrinsic factor deficiency

CT<sub>EX</sub> Prolonged Suggests extrinsic factor deficiency

A10 IN FX Reduced Suggests poor clot firmness as a result of decreased:

Platelets, fibrinogen and/or FXIII

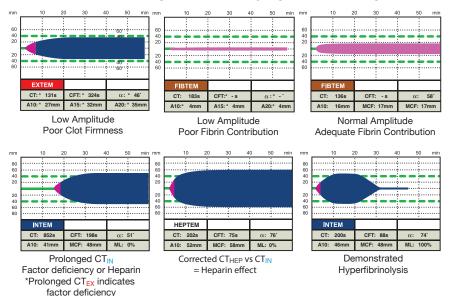
MCF IN. EX Reduced Suggests poor clot firmness as a result of decreased:

Platelets, fibrinogen and/or FXIII

MCF FIR Reduced Suggests poor fibrin contribution to clot firmness

ML<sub>IN, EX, FIB</sub> > 15% Suggests hyperfibrinolysis

# **ROTEM® TEMograms in Clinically Significant Bleeding**



References – (1) ROTEM® delta reference ranges (adult values listed in the above table) have been determined in 3 US clinical centers on reference group samples with no signs of impaired coagulation. These values are for orientation only. They are not binding and may vary from lab to lab. Please note that reference ranges for coagulation parameters depend on the reference population, the blood sampling technique and other pre-analytical factors. It is recommended to confirm the ranges with a hospital specific reference group. (2) Dirkmann D et al. Early thromboelastometric variables reliably predict maximum clot firmness in patients undergoing cardiac surgery: a step towards earlier decision making. Acta Anaesthesiol Scand. 2012 Dec 14. doi:10.1111/aas.12040.