

PARKLAND HEALTH & HOSPITAL SYSTEM
Nursing Services

Section: Medications
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**MANAGEMENT OF EXTRAVASATION OF A VESICANT OR
CHEMOTHERAPEUTIC AGENT**

PRACTICE

STATEMENT: When extravasation is suspected, the administration of the vesicant or chemotherapeutic agent is stopped.

Immediately notify the patient's provider. If a chemotherapeutic agent notify the oncologist and 3rd year fellow/Attending on Admitting Team and begin treatment as ordered by the physician.

PURPOSE: To initiate immediate treatment to minimize tissue damage.

DEFINITIONS: **Extravasation** is the leakage of a vesicant drug into the subcutaneous or surrounding tissue that is capable of causing pain, necrosis and/or sloughing of the tissue, and/or various other degrees of tissue damage.

Infiltration is the inadvertent administration of nonvesicant medication or solution in the surrounding tissue

Vesicant is an agent capable of causing or forming a blister and/or causing tissue destruction and cellular damage.

Irritant is a drug capable of causing venous pain at the site and along the vein with or without an inflammatory reaction but does not cause tissue destruction.

Flare is a local allergic reaction without pain, but is usually accompanied with red blotches along the vein that usually subsides within 30 minutes with or without treatment.

EQUIPMENT: Syringe, 5 ml
Occlusive dressing, dry gauze and 3" tape (not transparent)
Cool compresses (*warm compresses for vinca alkaloids & vinorelbine*)

PROCEDURE:

*Identify the patient by:

- *1) If armband, two (2) identifiers: Name and Medical Record Number
- *2) No armband, two (2) identifiers: Name and Date of Birth

1. Stop the infusion as soon as extravasation is suspected.
2. **LEAVE THE I.V. CATHETER IN PLACE!**
2. Using aseptic technique, attach a 5-ml syringe, and aspirate any residual drug and blood in the intravenous tubing, catheter, and extravasation site.

3. Notify the physician (if chemotherapy, oncologist and 3rd year fellow).
Instill appropriate intravenous or subcutaneous antidote if ordered.
4. Remove the peripheral catheter or implanted port needle. Have provider assess central line and D/C if needed.
5. Measure the size of the extravasation.
6. Cover infiltration site with a sterile occlusive dressing. Do not use transparent dressings.
7. Apply cool compresses for the first 72 hours for 15-20 minutes minimally, four times a day. Use warm compresses for infiltration of vinca alkaloids (Vincristine, Vinblastine, Vinorelbine).
8. Elevate the extremity.
9. Inpatient areas: observe the site a minimum of every 8 hours for erythema, induration and/or necrosis, and, assess for increasing local pain and tenderness.
10. For patients in the clinics, schedule a follow-up examination by the physician within 24 to 72 hours following extravasation. Instruct patient to report and changes and follow up sooner if needed.
11. Patient may require Plastic Surgery Consult.
12. Complete an online (PSN) event report.
13. Record on the Nurses Notes the date, time, catheter or needle size and type, insertion site, drug sequence, drug administration technique, approximate amount of drug, size of extravasation, appearance of site, name of physician notified, patient's complaints and statements and any follow-up treatments/measures.

NOTE: Not all vesicant/ irritant agents are listed below. Some agent's reactions are dose dependent. Consult drug guides and/or Pharmacy for suspected extravasation.

VESICANT AGENTS

Dactinomycin
Daunorubicin
Doxorubicin
Epirubicin
Idarubicin
Mechlorethamine (Nitrogen Mustard)
Mitomycin
Mitoxantrone
Vinblastine
Vinorelbine
Vincristine

IRRITANT AGENTS EXAMPLES

Carboplatin
Carmustine
Cisplatin
Dacarbazine
Daunorubicin Liposomal
Doxorubicin Liposomal
Etoposide
Ifosfamide
Streptozocin
Oxaliplatin
Paclitaxel