

PROTOCOL FOR: Radiocontrast Dye Extravasation: Care of the Patient

- POLICY: 1. All patients who experience radiocontrast dye extravasation will receive care to minimize adverse effects.
- DESIRED PATIENT OUTCOME 1. The patient will have minimal signs and symptoms of radiocontrast dye injury to body tissues.
2. The patient will demonstrate and/or report adequate pain control related to the area of extravasation.
3. The patient will demonstrate knowledge of pain management, as appropriate.
- CLINICAL ASSESSMENT AND CARE 1. Collaborate with other care-givers regarding amount and type of contrast that extravasated.
2. Assess the extravasation site and report to attending radiologist the condition of the area:
- a. skin: condition,color,firmness
 - b. circulation, sensation and motion
 - c. size of extravasation site
3. Immediately apply ice packs to affected area and raise it above level of heart and maintain for minimum of 20 minutes.
4. Collaborate with radiological technologist (RTR) and radiologist regarding any information needed for notifying PCP or referring physician:
- a. extent of signs and symptoms of extravasation
 - b. ionic dye extravasation >30cc or non-ionic dye >100cc Plastic Surgeon consult should be considered.
 - c. Out patients needing treatment should be sent to the Emergency Room.
5. Assess for pain and obtain order for pain reliever, as needed.
6. Complete a follow-up assessment in 24 hours regarding:
- a. residual pain
 - b. hardness of extravasation site
 - c. changes in circulation, sensation, or movement
 - d. elevation in temperature of extravasation site or body temperature
7. Refer any concerns to the Radiologist or referring physician, as appropriate. Conduct additional follow-up until symptoms resolve, as ordered by radiologist.

PROTOCOL FOR: Radiocontrast Dye Extravasation: Care of the Patient

- PATIENT TEACHING
1. Provide patient education regarding:
 - a. ice packs for 20 minutes t.i.d./prn until symptoms resolve.
 - b. pain management, including non-drug modalities

- DOCUMENTATION
1. Confirm that RTR has completed an RIR, or assist as needed

APPROVAL: Nursing Standards Committee

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