

PROCEDURE FOR: Extravasation: Care of the Patient with Peripheral

PURPOSE: To delineate appropriate management of peripheral extravasation in order to prevent severe tissue necrosis from antineoplastic agents classified as vesicants.

POLICY: The care of chemotherapy extravasations continues to evolve. Attached is the most recent Oncology Nursing Society guidelines as a reference tool. When an extravasation has occurred contact the pharmacy for the latest information available.

The only antidote still available is isotonic sodium (Na) thiosulfate for Mechlorethamine hydrochloride (nitrogen mustard) and concentrated Cisplatin. Hyaluronidase, an antidote for several other vesicants, is no longer manufactured.

Definitions:

Extravasation: leakage or infiltration of a vesicant chemotherapy agent into local tissue.

Irritant: any agent that causes a local inflammatory reaction but does not cause tissue necrosis.

Commonly used vesicant drugs: (generic names)

Dactinomycin	Mechlorethamine
Daunorubicin	Vinblastine
Doxorubicin	Vincristine
Mitomycin-C ¹³	Vindesine

EQUIPMENT: Antidotes if available
Syringes
Needles

PROCEDURE:

ACTION

POINTS OF EMPHASIS

1. Immediately stop administration of the infusion.
2. Leave needle in place.
3. Disconnect the IV and attempt to aspirate the residual drug with a syringe.

Procedure

Oncology Services - Unit Practice Manuals
John Dempsey Hospital-Department Of Nursing
The University Of Connecticut Health Center

Page 2 of 2

PROCEDURE FOR: Extravasation: Care of the Patient with Peripheral

4. Notify physician.
5. Administer the appropriate antidote, if known, as ordered.
6. If antidote administered IV, instill the appropriate amount and discontinue the IV catheter, avoiding excess pressure on the site.
7. If antidote is administered subcutaneously, discontinue the IV catheter, avoiding excess pressure on the site. Inject the antidote (using a 25-gauge needle) into the subcutaneous tissue, avoid Z tracking and then follow local care guidelines.
5. Hot or cold packs may be applied for different agents.
6. Then follow local care guidelines.
7. The exact administration technique remains unknown.

DOCUMENTATION: Record in patient's progress notes, until flowsheets and MAR:

- Date and time
- Needle size and type
- Insertion site
- Drug administered, drug concentration and sequence of drugs
- Appropriate amount of drug extravasated
- Assessment of site
- Patient's statements
- Physician notification
- Nursing management
- Patient response

EFFECTIVE DATE: 5/01

REVISION DATES: 3/02