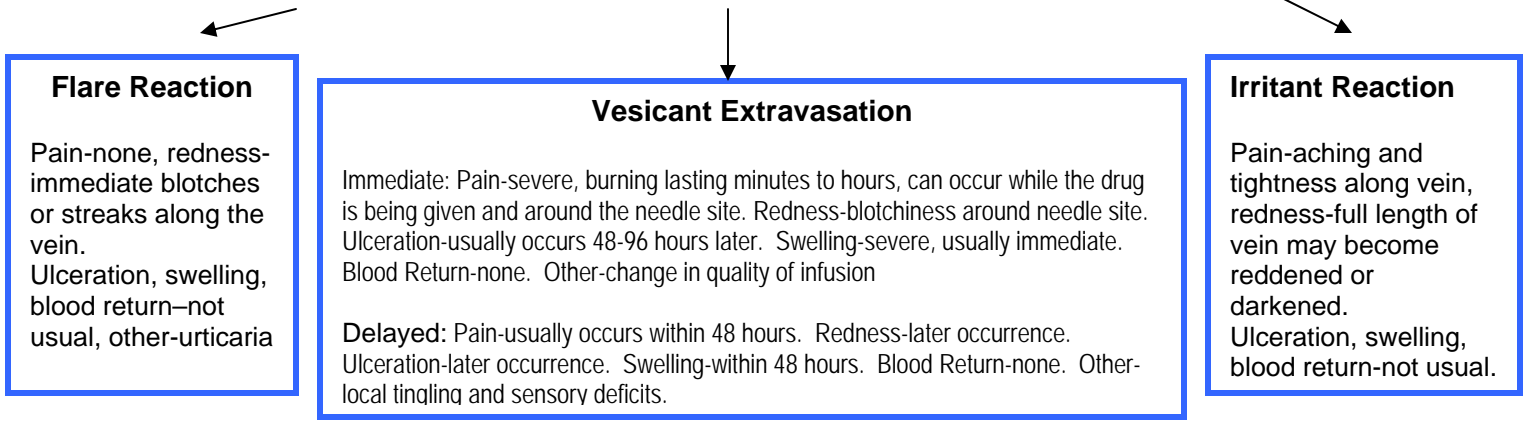


Management of Chemotherapy Vesicant Extravasations: Pediatrics & Adults

Assess & Decide Type of Drug Infusion Complication



Follow Collaborative Vesicant Extravasation Management Steps:

1. **STOP** the drug infusion & IV fluids and notify the physician and the pharmacist.
2. **Disconnect** the IV tubing from the IV device **but** do not remove the IV device.
 - **Assess** the implanted port site for proper needle placement
 - **Attempt** to aspirate the residual drug from the IV device by using a syringe then remove IV device
 - **Follow** Nursing Policy if central vascular access device
3. **Determine** vesicant drug classification & interventions:

Class	Agent	Considerations	Interventions
Alkylating	Melphalan		<ul style="list-style-type: none"> ▪ Local care measures are unknown
Antitumor antibiotic	Doxorubicin (Adriamycin)	<ul style="list-style-type: none"> • Apply cold pack 15-20 minutes minimum four (4) times per day for 24-48 hours • Elevate site for 48 hours, and then resume normal activity 	<ul style="list-style-type: none"> • Apply 99% dimethyl sulphoxide (DMSO) 1-2 mLs every six (6) hours to site • Protect site from sunlight and heat. • Ulceration can result if extravasation is greater than 3 mLs
	Dactinomycin	<ul style="list-style-type: none"> • Apply cold pack as above • Elevate site for 48 hours, and then resume normal activity 	<ul style="list-style-type: none"> ▪ Local care measures are unknown
	Mitomycin		<ul style="list-style-type: none"> ▪ Apply 99% DMSO 1-2 mLs every six (6) hours to site ▪ Protect site from sunlight and Heat
	Daunorubicin, Epirubicin, Idarubicin, Mitoxantrone,		<ul style="list-style-type: none"> ▪ Local care measures are unknown
Vinca Alkaloid	Vinblastine, Vincristine, Vindesine, Vinorelbine,	<ul style="list-style-type: none"> ▪ Apply warm pack for 15-20 minutes minimum four (4) times per day for 24-48 hours. ▪ Elevate site for 48 hours, and then resume normal activity 	<ul style="list-style-type: none"> ▪ Local care measures are unknown

4. Post extravasation care:

- **Delineate** the infiltrated area on the patient's skin
- **Consider:** photographing the site, completing drug administration via an alternate site (ensuring no medications are given distal to an extravasation site), consulting Plastic Surgery if large extravasation volume (noting that extravasations involving a central line in the upper torso or neck may result in serious defects and require extensive reconstructive surgery), consulting Interventional Radiology (IVR) to determine the cause of extravasation from a central vascular access device
- **Arrange** a follow-up appointment and inform patient when and how to seek medical attention
- **Document** assessment, interventions and teaching (include patient response, referrals)
- **Complete** an unusual occurrence form

Flare reaction-a local allergic reaction to a drug manifested by streaking or red blotches along the vein. **Extravasation**-tissue damage (sloughing or necrosis) secondary to drug infiltration. **Irritant**- drug that cause aching, tightness, and phlebitis along the vein or at the injection site with or without a local inflammatory reaction but does not cause tissue necrosis. Drugs include: Alkylating agents-Cisplatin, Carboplatin, Dacarbazine, Ifosfamide, Oxaliplatin, Taxanes-Paclitaxel, Docetaxel, Nitrosourea-Carmustine, Anti tumor-Liposomal Doxorubicin, Bleomycin and Etoposide.