

Management of Extravasation and Infiltration of non-cytotoxic medications in adults

(Radiology, oncology and haematology please refer to your local extravasation protocols)

Extravasation and infiltration refers to the leakage of intravenous fluid from the vein into the surrounding tissue. It can result in blistering and tissue necrosis and requires immediate attention to limit further injury.

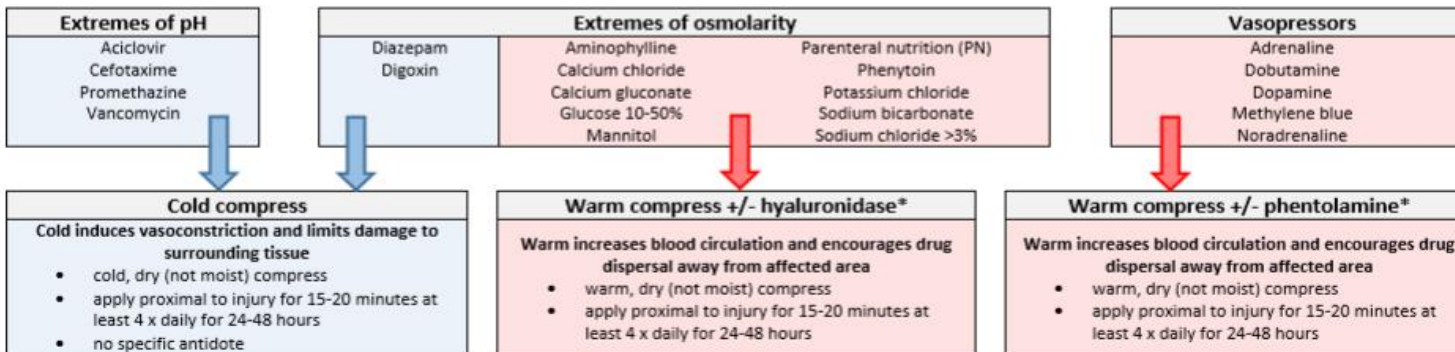
Suggested management:

At first concern of extravasation / infiltration:	Further management:
<ul style="list-style-type: none"> <input type="checkbox"/> Stop the injection / infusion immediately <input type="checkbox"/> Leave the IV cannula in-situ until further assessed <input type="checkbox"/> Aspirate as much back from cannula as possible (do not flush cannula) <input type="checkbox"/> Elevate limb to minimise swelling <input type="checkbox"/> Inform medical team & ward pharmacist <input type="checkbox"/> Initiate substance specific measures 	<ul style="list-style-type: none"> <input type="checkbox"/> Give pain relief if needed <input type="checkbox"/> Classify injury (see below), mark area with a pen <input type="checkbox"/> Take digital image for documentation in clinical notes <input type="checkbox"/> Remove cannula if not severe, place dressing over site <input type="checkbox"/> Arrange daily assessments and images <input type="checkbox"/> Complete Safety 1st report

Classification:

Mild:	Minimal volume of irritant or vesicant causing little pain / swelling, and no erythema / blistering
Moderate:	Small volume of extravasation causing a local inflammatory reaction, moderate tenderness, with or without erythema but no blistering
Severe:	Large volumes, typically vesicant infusions, resulting in extreme pain, marked swelling, cool to touch, diminished or absent pulse, erythema and often blistering Immediate plastic surgery consultation is required for severe injuries – contact plastics via on-call service

- For specific drug management see below. *NB. This list is not exhaustive (see Hospital Health Pathways for full document)*
- Thermal compressors should only be applied after determining if the extravasated drug requires a warm or cold compress. **Applying a compress that is the wrong temperature can exacerbate the injury. Wet compresses should never be used as this increases the risk of tissue maceration.**



*antidotes generally only considered in severe cases

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