

## Step 1: Stop the Extravasation

1. Stop IV infusion and disconnect from extension set. **DO NOT FLUSH!**
2. Clean hub and attach 5 mL syringe.
3. Aspirate residual vesicant as able. Note amount and color of aspirate.
4. Alert House Supervisor and/or call Rapid Response.

## Step 2: Implement Early Interventions

1. If vesicant is an alkylating agent (mechlorethamine, cisplatin, carboplatin, ifosfamide), leave IV in place.
2. If any other medication, remove IV and cover loosely with gauze, securing with tube gauze/burn net.
3. **AVOID** applying pressure to site to avoid pushing more vesicant into the tissue.
4. Locate Vesicant on Extravasation Treatment Table.
5. Immediately implement the indicated thermal therapy around and proximal to site using the ice or heat packs from the kit.
6. Elevate extremity above heart.

## Step 3: Assess Site

1. Proceed with assessment of site, including:
  - Color
  - Pain
  - Sensation
  - Movement
  - Temperature
  - Skin condition.
2. Measure any areas of discoloration or alteration in tissue.
3. Record a circumference of the limb at IV site and any areas showing edema.

## Step 4: Implement Reversal Agent

1. Alert Provider of extravasation using SBAR format.
2. Implement reversal orders per protocols on Reference Sheet and provider orders.

## Step 5: Documentation & Notification

1. Photograph effected area, including date and time.
2. Write PSN, alert Quality Department (x3211) & manager of incident.

## Step 6: Ongoing care

1. Monitor site q 1 hr x 4 hrs, then q 4 hrs x 20 hrs, then q shift and PRN.
2. Continue Thermal therapy
  - Continue Cold packs for 15-20 minutes at least QID x 3 days.
  - For Alkylating agents (mechlorethamine, cisplatin, carboplatin, ifasfamide), apply cold 15 minutes on, 15 minutes off x 6- 12 hours, then QID for 3 days.
  - Continue heat packs for 15-20 minutes at least QID x 3 days.
3. Repeat photograph at 24 hours, 48 hours, at 7 days, and on discharge.