

## Guide to Extravasation Management in Adults<sup>1</sup>

1. Stop injection/ infusion immediately. Leave the needle/ catheter in place.
2. Slowly aspirate as much of the drug as possible. Do not apply pressure to the area.
3. Inform physician and obtain orders per substance specific measures. If phentolamine indicated, remove IV after administration of phentolamine. If hyaluronidase indicated, remove IV as drug aspiration is attempted.
4. Elevate the affected limb for 24 to 48 hours.
5. If extravasation is suspected to be >24 hours old, obtain orders for warm or cold therapy.
6. Document all procedures in the medical record.

Extravasated Drug		Antidote	Administration	Compress
Hyperosmotic Solutions	Calcium chloride* Dextrose* Parenteral Nutrition# Potassium* Contrast* Mannitol# Sodium Bicarbonate* Sodium Chloride >3%	Hyaluronidase (within 1-2 hours)	15 units/mL in 0.9% sodium chloride  Administer 5 SUBQ injection of 0.2 mL each	Cold
Sympathomimetics	Dobutamine* Dopamine Epinephrine Norepinephrine Phenylephrine	Phentolamine (within 6-8 hours)	1 mg/ml in 0.9% sodium chloride (10 mg – 2 vials in 10 mL)  Inject 1 mL in IV and remove, administer remaining 0.5-1 mL SUBQ at multiple sites (at least 5)	Warm
	Vasopressin	Nitroglycerin topical	1 inch strip applied to site of ischemia, may redose every 8 hours	
Amiodarone*.#		Hyaluronidase	15 units/mL in 0.9% sodium chloride  Administer 5 SUBQ injection of 0.2 mL each	Cold
Other Agents	Diltiazem* Nicardipine* Esmolol	None	--	Patient preference: cold likely preferred

\*Peripheral access allowed, however should be administered through large vein.

#In-line filter required