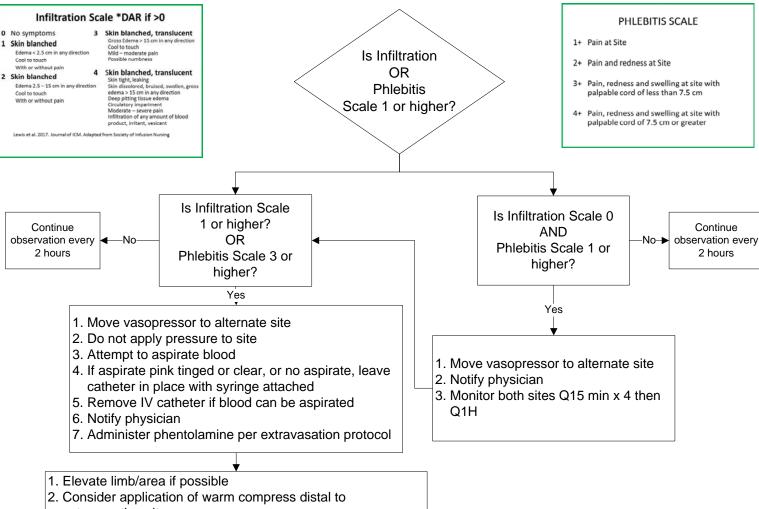
Vasopressor **Extravasation Management Protocol** (Adults)



- extravasation site
- Using a skin marker, outline the area with visible signs of infiltration/extravasation to allow for assessing changes
- 4. Monitor site, skin integrity, CSM and pain q5minutes x15 minutes, then q15minutes x3, then as needed according to severity of event
- Complete documentation in eMAR and clinical record
- Complete AEMs and chart documentation

Phentolamine Administration by Physician

- 1. Ensure vasopressors are infusing in an alternate site with adequate BP support
- 2. Anticipate need for increased vasopressor therapy and/or volume therapy
- 3. Cleanse site with Chlorhexidine 2% / Ethanol 70% prior to subcutaneous injection. Allow 30-45 seconds to dry
- 4. Dilute 10mg Phentolamine in 8mL Sodium Chloride 0.9% (total volume = 10 mL)
- 5. If no blood return, administer 1-2 mL phentolamine solution into interstitial catheter, then remove catheter
- Inject remainder of phentolamine intradermally into area of extravasation using a 25 gauge or smaller needle
- 7. Blanching should reverse within 7-10 minutes. May repeat treatment once as required if hypoperfusion still present or vasoconstriction extending to greater area

Abbreviations:

DAR: Data, Action, Response

CSM: Circulation, sensation, movement eMAR: electronic medicaiton administration record AEMs: Adverse event management system

Approved by: Drugs and Therapeutics Committee Date: Tuesday, February 5, 2019

References

- 1. Reynolds P, MacLaren R, et al Management of Extravasation Injuries: A Focused Evaluation of Non-cytotoxic Medications. Pharmacotherapy 2014; 34 (6): 617-632
- Extravasation of Non cytotoxic Drugs: A Review of the Literature. Annals of Pharmacotherapy 2014; 48 (7): 870-886
- 3. Infusion Nurses Society. Infusion Therapy Standards of Practice. 3rd ed. Infusion Nurses Society; 2016