Vasopressor Extravasation Management Protocol (Adults)

Infiltration Scale *DAR if >0

0 No symptoms	**3** **Skin blanched, translucent** Gross Edema > 15 cm in any direction Cool to touch Mild – moderate pain Possible numbness
1 **Skin blanched** Edema < 2.5 cm in any direction Cool to touch With or without pain	**4** **Skin blanched, translucent** Skin tight, leaking Skin discolored, bruised, swollen, gross edema > 15 cm in any direction Deep pitting tissue edema Circulatory impairment Moderate – severe pain Infiltration of any amount of blood product, irritant, vesicant
2 **Skin blanched** Edema 2.5 – 15 cm in any direction Cool to touch With or without pain	

Lewis et al. 2017. Journal of ICM. Adapted from Society of Infusion Nursing

PHLEBITIS SCALE

- 1+ Pain at Site
- 2+ Pain and redness at Site
- 3+ Pain, redness and swelling at site with palpable cord of less than 7.5 cm
- 4+ Pain, redness and swelling at site with palpable cord of 7.5 cm or greater

Is Infiltration OR Phlebitis Scale 1 or higher?

Is Infiltration Scale 1 or higher? OR Phlebitis Scale 3 or higher?

No → Continue observation every 2 hours

Yes →

1. Move vasopressor to alternate site
2. Do not apply pressure to site
3. Attempt to aspirate blood
4. If aspirate pink tinged or clear, or no aspirate, leave catheter in place with syringe attached
5. Remove IV catheter if blood can be aspirated
6. Notify physician
7. Administer phentolamine per extravasation protocol

Is Infiltration Scale 0 AND Phlebitis Scale 1 or higher?

No → Continue observation every 2 hours

Yes →

1. Move vasopressor to alternate site
2. Notify physician
3. Monitor both sites Q15 min x 4 then Q1H

1. Elevate limb/area if possible
2. Consider application of warm compress distal to extravasation site
3. 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
5. Complete documentation in eMAR and clinical record
6. 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
6. 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

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