

Guideline for the management of Extravasation injury

SIGNS OF SIGNIFICANT EXTRAVASATION

Blanching
Blister formation
Haematoma
Loss of capillary refill
Pain
Marked swelling
Cool touch

WHAT WAS BEING INFUSED?

HIGH RISK INFUSATES

Any other
Drug or infusion

LOW RISK INFUSATES

NaCl 0.9%
Glucose < 10%
+/- KCl < 20 mmol/500 mls

Stop infusion
Aspirate and then
remove cannula
Photograph site
Re-evaluate hourly

SIGNS OF SIGNIFICANT EXTRAVASATION?

STOP INFUSION

DO NOT remove the cannula (evaluate need for replacement)
Aspirate as much fluid as possible
Elevate limb and administer analgesia
Contact Bleep holder/Paediatric registrar/responsible on call consultant
Mark edge of lesion
Photograph lesion

Get extravasation pack if available in your hospital

Clean area with 2% chlorhexidine gluconate in 70% isopropyl skin prep
Allow to dry
Inject lesion and surrounding area with 0.3ml/kg of Lignocaine 1%
Dilute 1500 i.u. hyaluronidase with 5ml sterile water
Inject 0.5-5mls of hyaluronidase and remove the cannula
Wait 10 minutes for hyaluronidase to take effect

Make 4-6 puncture wounds using 18G needle at the edges of the injury zone
Flush each puncture wound with 0.9% NaCl in 3-5 ml aliquots
ONLY use blunt needle (e.g. drawing up needle)
Use a total volume of 50-100mls
The 0.9% NaCl should flow out of the puncture wounds.
Gentle massage of the fluid towards the puncture sites may be required

THE PRIORITY IS

EARLY identification of the problem:
EARLY administration of hyaluronidase
EARLY flushing with normal saline.
EARLY plastics referral if required
BEWARE compartment syndrome

5 mins

10 mins

15 mins

20 mins

30 mins