



# Managing Extravasations

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- Symptoms of a vesicant chemotherapy extravasation injury arise
  - Immediately upon extravasation.
  - Several days after extravasation.
  - Within six hours of extravasation.
  - Either upon extravasation or within several days following extravasation.
- Which of the following is an accurate statement about the signs and symptoms of an anthracycline extravasation?
  - Patients usually experience an immediate stinging or burning pain.
  - Pain is a delayed symptom with an onset two to four weeks following anthracycline extravasation.
  - If the patient reports pain during anthracycline administration but no swelling or redness exists at the IV site, an extravasation can be ruled out.
  - If swelling or redness occurs at the IV site during anthracycline administration but the patient denies pain, an extravasation can be ruled out.
- Which of the following vesicants has the greatest potential of causing extensive, prolonged tissue damage if it extravasates?
  - Paclitaxel
  - Vinblastine
  - Doxorubicin
  - Liposomal doxorubicin (Doxil®, doxorubicin HCl liposome, Ben Venue Laboratories, Inc., Bedford, OH)
- The rationale for applying ice packs to anthracycline extravasation tissue injuries is that topical cooling
  - Inactivates the anthracycline in the tissue.
  - Neutralizes free radicals that are released by the tissue.
  - Slows diffusion of the anthracycline into the tissues in the surrounding area.
  - Increases uptake of the anthracycline into the cells of the surrounding tissue.
- The rationale for applying warm packs to tissue injuries caused by extravasation of plant alkaloids is that topical heating
  - Localizes the vesicant in the tissue.
  - Reduces inflammation in the tissue.
  - Neutralizes free radicals that are released by the tissue.
  - Dilutes the concentration of the extravasated vesicant in the tissue.
- The most commonly recommended pharmacologic treatment for plant alkaloid extravasation is
  - IV infusion of dexrazoxane.
  - Subcutaneous injection of hyaluronidase.
  - Topical application of dimethyl sulfoxide (DMSO).
  - Subcutaneous injection of sodium thiosulfate solution.
- Which of the following is an accurate statement about vesicant extravasations from central venous ports implanted in the anterior chest area?
  - Extravasations can be detected promptly in patients with deeply implanted portal bodies.
  - Surgical intervention, including mastectomy and placement of a skin flap, may be required.
  - Most extravasations from central venous ports are caused by erosion of the superior vena cava (SVC).
  - A reliable indicator of vesicant extravasation is a wet dressing overlying the implanted port.
- Which of the following administrative actions should be conducted soon after an occurrence of a vesicant extravasation?
  - Revise extravasation documentation forms.
  - Update vesicant chemotherapy administration policies and procedures.
  - Identify factors that may have contributed to the occurrence of the extravasation.
  - Review the employment file of the nurse administering the vesicant to determine whether disciplinary action is indicated.
- An extensive extravasation injury in which of the following locations most likely will require placement of a skin graft?
  - Mid forearm
  - Antecubital fossa
  - Anterior chest wall
  - Dorsum of the hand
- Which of the following statements about extravasation management is evidence based?
  - The most important approach to extravasation management is prevention.
  - Findings from studies of rodents with extravasation injuries can be applied to humans.
  - Extensive extravasation tissue injuries eventually heal on their own with no intervention.
  - Surgical intervention is estimated to be required for 90% of patients with extravasation injuries.

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