



CASE REPORT

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Developed & Funded by ESOP Education Committee

Extravasation; Prevention and Treatment Approaches

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AUDIENCE:

Oncology Pharmacists, Pharmacists, Chemotherapy Nurses

GOAL:

The goal of this activity is to reinforce and highlight common concepts, situations and presentations that Oncology Pharmacists will encounter on a regular basis in order to provide supportive continuing education that illustrates real-world conditions and situations.

TARGET BEHAVIOUR:

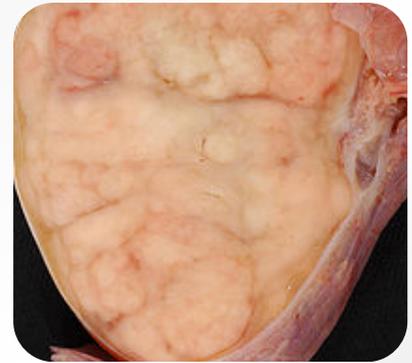
Recognise extravasation, what should be done in the extravasation, understanding the ways of prevention from extravasation.

STORY & INFORMATION

27 years old male patient, undergoes treatment in Oncology Department with Testicular Malign Neoplasm for 3 months. The patient was operated on because of his tight testis tumour. After a pathological



PERIPHERAL IV ADMINISTRATION



TESTICULAR CARCINOMA

HEIGHT	WEIGHT
190 cm	123 kg
BSA	2.49

Cytotoxic	Dose	Infusion Time	
Cisplatin	20mg/m ²	1 hour	5 days*
Etoposide	100mg/m ²	1 hour	5 days*
Bleomycin	30 Unit	15 minutes	1st day*

* Repeat every 21 days.

diagnosis, evaluated as "embryonically neoplasm". Physicians planned BEP Protocol (Bleomycin +Etoposide+Cisplatin) as above.

PREPARATION & ADMINISTRATION

19:45AM, the patient were accepted to the clinic after the blood tests. 10:00AM, vital signs were taken. Premedication was started at 10:20AM. At 11:30AM Cisplatin 45mg prepared by Central Antineoplastics Preparation Unit and sent to the application.

This is the fourth visit of the patient to the ward. Previously, chemotherapy nurse, opened vascular lines repeatedly, and this visit she need a vascular line for chemo again and she opened a peripheral way near the same area again. Than she started the infusion of cisplatin. After thirty minutes of the treatment, patient called the nurse immediately. He said that, the applied towards the peripheral blood vessels are burning and stinging. Nurses at first sight, she saw redness and sensed warmth in the area of application. Chemotherapy nurse decides that this is the result of extravasation. Quickly looked at the remaining amount of the drug, took note that went up to about 50 ml, stopped the infusion, raised the affected extremity, didn't get back the catheter immediately and tried to aspirate a certain amount of the drug, but, unfortunately, did not succeed. Than, she pulled back the catheter. She started to infuse 4mg Corticosteroid and cold compress. She reported the situation to Physician and kept records. Then she asked to the oncology pharmacists what should she do in addition.

CONCLUSION & DISCUSSION

Prepared drug dose is correct? What are the issues to be considered in the preparation of Cisplatin and Etoposide? Is Cisplatin a vesicant or not? Extravasation is a matter of practice. About preventing from extravasation, should Oncology Pharmacists have a role in the treatment? Is the treatment of Nurses correct? What should be your answer to the phone of chemotherapy nurse?



IN THIS CASE, THE NURSE SAW THE PATIENT'S ARM LIKE THIS



HIGH LEVEL VESICANT EXTRAVASATION SAMPLE

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