

# 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