



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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