

Subject: Treatment of Infiltration and Extravasation

Date Reviewed: 08/2007

This is a guideline and may not apply to the individual circumstances of each infant. This guideline is intended to assist individualized decision making, not replace it.

Recommendations

Prevention

1. In peripheral intravenous lines, limit glucose concentrations to 12.5% and, osmolality to ≤ 1000 . Dilute medications as much as possible before administration.

Treatment

1. Elevate the site or affected extremities
2. For severe blanching and/or decreased perfusion resulting from **electrolytes and other hyperosmolar solutions**, consider using **hyaluronidase 150 units/ml. Inject 0.1-0.2 ml sub q into 5 multiple sites around the circumference of the infiltrate for a total dose of 0.5-1.0ml.** Change the needle after every injection.
Blanching should reverse immediately. If blanching should reoccur, additional injections may be necessary. After administration, a cold pack may be applied for 15 minutes every 3-4 hrs for 24-48 hrs.
3. For **dopamine or other pressor extravasations** consider **Phentolamine 1 mg/ml. Inject 0.1-0.2ml sub q into 5 multiple sites around the circumference of the infiltrate for a total dose of 0.5-1.0ml.** Change the needle after each injection. Application of cold or hot packs is contraindicated.
4. **Do NOT use:**
 - Topical application of silver sulfadiazine cream to the wound
 - Topical application of heat or cold
5. For **ischemia**, consider **topical 2% nitroglycerin ointment. 4mm/kg** may be applied directly to the site of severe skin ischemia in term infants >21 days of age with intact skin.