

Children's services

Extravasation injury Information for patients, relatives and carers

Introduction

This leaflet explains what extravasation injury is and how to treat it. Please feel free to ask our team any questions you have about the information below.

What is extravasation injury?

Extravasation is the accidental leakage of certain medicines outside of the vein and into the surrounding tissues. Your child may have noticed pain, stinging, swelling or other changes to their skin at the site where they are given drugs or the nurse may have noticed that the drug was not flowing into the vein easily.

Some medicines, such as aciclovir, can cause damage when they escape from the drip or the vein. The symptoms can vary from blisters to severe tissue injury and can even cause the cells or tissue to die.

What causes an extravasation injury?

Children have small veins which can be fragile and more at risk of extravasation. Medicine can come into contact with the surrounding tissue by leakage or direct exposure. The cannula (the flexible tube) may puncture the vein and the medicine then goes into the surrounding tissue, or the same vein may be used multiple times, which weakens it.

What are the signs and symptoms of extravasation injuries?

Symptoms of an extravasation injury can include:

- coolness or blanching (lightening of the skin) at the medicine insertion site
- swelling
- tenderness/discomfort
- taut or stretched skin
- leakage of fluid at the insertion site
- inability to obtain blood return (not always present)
- change in quality and flow of the infusion or injection
- numbness, tingling or a pins and needles feeling
- burning, stinging pain
- redness may occur followed by blisters, tissue breakdown and ulceration

How are extravasation injuries normally diagnosed?

Sometimes, other conditions will need to be ruled out first. Some symptoms can resemble other conditions, such as vessel irritation or hypersensitivity (highly sensitive skin).

How is an extravasation injury treated?

Extravasation injuries are considered to be medical emergencies. Early detection of the condition is best to avoid complications. Immediate treatment will be to stop the flow of medicine and review the possible injury caused. Depending on the severity of the injury, a plastic surgeon may come and examine it. The cannula may be left in place in case there is a need to give any treatment or medicine.

The affected site will be elevated (usually with a pillow) and monitored (looked at) for any changes. A hot or cold compress may be placed on the injury and it may be gently washed out with saline (salt water) and a dressing applied. The area of the injury will be raised up until its appearance returns to normal. Rarely, surgical reconstruction by a plastic surgeon is necessary.

How do I make a comment about my visit?

If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net

Alternatively, you may wish to complain by contacting our complaints department: Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY.

Email: ICHC-tr.Complaints@nhs.net Telephone: 020 3312 1337 / 1349

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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