# 3.3.2 Antidotes and Treatment for Extravasation

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|  | **Compress Required** | **Actions** | **Rationale** |
| DactinomycinDAUNOmycin(DAUNOrubicin)DOXOrubicinEpirubicinMitoxantrone | COLD | 1. Remove the IV/port needle.
2. Apply cold pack initially for 30–60 minutes. Remove 15 minutes prior to application of DMSO.
3. Apply DMSO 50% (Dimethyl sulfoxide) topical solution to an area twice that affected by extravasation (approximately 1.5 mL).
4. Allow DMSO to air dry. Do not cover and repeat QID for at least 7 days.
5. Elevate limb and apply gentle pressure to site.
6. Apply ice pack wrapped in towel or cold compresses to the extravasation site for 1 hr.; continue cold compresses x 15–20 min, QID for 24–48 hrs. Care must be taken to avoid tissue injury from excessive cold.
 | DMSO speeds up removal of the drug from the tissue and is a free-radical scavenger.Air-drying is required as DMSO may cause blisters with occlusions.Cold compresses cause vasoconstriction and decrease fluid absorption. |
| VinBLAStineVinCRIStineVinorelbine | WARM | 1. Remove IV/port needle.
2. MD to administer antidote\*: hyaluronidase 1500 units dissolved in 1 mL of either sterile water for injection or normal saline injection infiltrated into affected area subcutaneous in a clockwise fashion in divided doses around the site (as soon as possible after extravasation).
3. Elevate limb and apply pressure to site.
4. Apply warm compresses to extravasation site for 1 hr; continue warm compresses 15–20 min QID for 24–48 hrs. Care must be taken to avoid injury from excessive heat.
 | Cooling may have adverse effect. |

## Supply of Antidotes

A supply of antidotes should be readily available and maintained in areas where chemotherapy is administered for easy access.

**Hyaluronidase (see table above)\*:** 1500 units’ injection is a Special Access Medication. A future use supply should be kept in the Pharmacy so that doses may be administered as soon as they are ordered. A Special Access request form must be submitted within 24 hours.

**NOTE:** *For drugs and antidotes not listed please consult Pharmacy. For non-vesicant/irritant antineoplastic drugs please refer to your hospital guidelines on the treatment for extravasation.*

The superiority of dexrazoxane over DMSO has not been established. Dexrazoxane is not included in this guidance document and DMSO remains the standard of care for anthracycline extravasation.

This guidance document was developed by Ms. Julie Dowler, Ms. Denise Reniers and Ms. Anne Chambers, Children’s Hospital, London Health Sciences Centre, London, in consultation with Ms. Lisa Honeyford, The Hospital for Sick Children, Ms. Kirsty Morelli, Scarborough Health Network and Ms. Mary Jo Decourcy, London Health Sciences Centre, based on the sources in [Sub-Section 3.3.4](https://www.pogo.ca/satellite-manual/3-0-chemotherapy-administration/3-3-extravasation-management/3-3-4-references/).

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### Record of Updates

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