

Guideline for the Management of Extravasation of a Systemic Anti-Cancer Therapy (SACT) including Cytotoxic (Additional Local Management Guidance)

Department / Service:	Haematology & Oncology/ Chemotherapy
Originator:	Mark Squire Lead Chemotherapy Nurse
Accountable Director:	Dr Salim Shafeek, Clinical Director Haematology and Oncology
Approved by:	Medicines Safety Committee
Date of Approval:	26 th June 2018
Review Date:	21 st November 2020
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Haematology and Oncology Directorate
Target staff categories	Nursing and medical staff

Policy Overview:

This document is to only be used in conjunction with the guidelines for the management of Extravasation of a Systemic Anti-Cancer Therapy including Cytotoxic Agents (WAHT-HAE-014A) this has been produced by the West Midlands Expert Advisory Group for SACT.

This policy is to support the appropriate management of an extravasation in the Worcester Acute NHS Trust.

Latest Amendments to this policy::

New guideline to be used in conjunction with the guidelines for the management of Extravasation of a Systemic Anti-Cancer Therapy including Cytotoxic Agents (WAHT-HAE-014A) this has been produced by the West Midlands Expert Advisory Group for SACT

May 2020 – Document extended for 6 months whilst review process is completed due to COVID-19

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1. Introduction

This document has been produced to support the guidelines for the management of Extravasation of a Systemic Anti-Cancer Therapy including Cytotoxic Agents (WAHT-HAE-014A this has been produced by the West Midlands Expert Advisory Group for SACT).

This supporting policy will set out local guidance in the management and administration of dexrazoxane (Savene[®]) when an anthracycline extravasation has occurred, specifically focusing on the assurance that it will be made at Worcester Royal Hospital Aseptic Suite and Administered on the Worcester Royal Site e.g Laurel 3 or Rowan Suite.

It will discuss the local pathway for referring to surgeons, if extravasation was significant, either immediately or identified on review post an extravasation.

2. Scope of this document

This document is for all staff involved in the management of an extravasation whilst administering SACT. This includes medical, nursing and pharmacy to ensure the appropriate management of an extravasation preventing significant harm to the patient.

This document is to only be used in conjunction with the guidelines for the management of Extravasation of a Systemic Anti-Cancer Therapy including Cytotoxic Agents (WAHT-HAE-014A this has been produced by the West Midlands Expert Advisory Group for SACT).

3. Definitions

Extravasation is the accidental leakage of any liquid from a vein into the surrounding tissues. In terms of cancer therapy, extravasation refers to the inadvertent infiltration of systemic anti-cancer therapies (SACT) into the subcutaneous or subdermal tissues surrounding the administration site (Perez-Fidalgo et al, 2012). This term is a generic term for this process however the scope of this guidance is when the substance involved is a systemic anti-cancer drug (SACT) including cytotoxic agents and monoclonal antibodies used in the treatment of malignant disease.

If extravasation occurs with vesicant drugs, the result may be tissue damage and necrosis – therefore prompt management is required to prevent permanent damage (Dougherty and Oakley, 2011)

The extent of injury has is determined by the following factors;

- the type of drug which extravasates
- the concentration and volume of drug in the tissue
- the location of the extravasation
- the co-morbidities and other patient factors

(Definition taken from guidelines for the management of Extravasation of a Systemic Anti-Cancer Therapy including Cytotoxic Agent (WAHT-HAE-014A this has been produced by the West Midlands Expert Advisory Group for SACT).

4. Responsibility and Duties

The overall responsibility for health and safety in the Trust rests with the Chief Executive. It is the practitioner caring for the patient that's responsible for appropriately managing and coordinating care following an extravasation. This includes appropriate escalation to medical staff, pharmacy or surgery to ensure rapid treatment to prevent significant injury to the patient.

5. Policy detail

5.1 Dexrazoxane (Savene[®]) Key Management specific to Worcestershire Acute NHS Trusts:

- Savene[®] is reconstituted at the Aseptic Suite at Worcester during normal working hours (8:30-17:00) (where the Savene[®] kit will be stored).
- In-hours Savene[®] should be administered on Rowan Suite (Worcester) and patients on other sites must be transferred immediately to prevent delay of treatment. If chemotherapy has been administered on an alternative site then it's the responsibility of the nurse providing care for the patient to handover to the nurse in-charge on Rowan Suite.
- Outside working hour's pharmacy cannot guarantee that an on call pharmacist with the skills required will be available to make and dispense Savene[®]. However, this should be discussed with the on-call pharmacist, they are contactable via switchboard.
- If administration required out of hours or weekends then this will be administered on Laurel 3 at Worcester.

5.2 Access to surgical intervention at Worcestershire Acute NHS Trust.

- There is a visiting plastic surgeon only on site at WRH on Thursday afternoons. There is therefore very limited capacity for any immediate surgical intervention e.g. Saline flushout following a vesicant extravasation within this trust.
- There may be the possibility of subsequent follow up of patients when this surgeon is available on site, following treatment of an extravasation, but any surgical intervention would need to take place at the Queen Elizabeth Hospital Birmingham.
- If a patient has had an extravasation that was not apparent at the time of drug administration, but this has since developed into a significant injury, the patient's Haematology / Oncology consultant should refer the patient to the on-call plastics team at the Queen Elizabeth Hospital Birmingham.

This document has been produced to support local management and must be used in conjunction with the guidelines for the management of Extravasation of a Systemic Anti-Cancer Therapy including Cytotoxic Agents (WAHT-HAE-014A) this has been produced by the West Midlands Expert Advisory Group for SACT.

6. Implementation

6.1 Plan for implementation

This document will be reviewed at the Chemotherapy Advisory Group (CAG) and the Medical Optimisation Group (MOG), once ratified the document will be distributed to all clinical areas that administer chemotherapy and upload to the Haematology/ Oncology Intranet page (Policies).

6.2 Training and awareness

All qualified staff managing a SACT extravasation will have had additional training please refer to the Guideline for the safe prescribing, handling and Administration of Chemotherapy for Adults (WAHT-NUR-064).

7. Monitoring and compliance

All extravasations are reported on the Datix system to enable monitoring and review of incidents. This enables the areas and the Lead Chemotherapy Nurse to review and ensure appropriate management of patient.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Section 5.1	To ensure that Dexrazoxane (Savene [®]) is appropriately made and administered in WAHNHST	All practice to be reviewed post an anthracycline extravasation.	All incidences reported via datix	Lead Chemotherapy Nurse	Outcomes will be reported to the practitioner managing the extravasation and her line manager. Any non-compliance will be addressed and if required the practitioner will be reassessed as competent in chemotherapy administration.	All extravasation should be reported via datix

8. Policy Review

This policy will be reviewed in every two years by the Lead Chemotherapy Nurse.

9. References

Perez-Fidalgo, JA; Garcia Fabregat, L; Cervantes, A; Marguiles, A; Vidall, C; Roila, F;(2012) on behalf of the ESMO Guidelines working group, Management of chemotherapy extravasation: ESMO-EONS clinical practice guidelines, European Journal of Oncology Nursing; 16 (2012) 528-534

References:

Code:

The Guideline for the safe prescribing, handling and Administration of Chemotherapy for Adults	WAHT-NUR-064
Extravasation of a Systemic Anti-Cancer Therapy including Cytotoxic Agents	

10. Background

10.1 Equality requirements

The content of this policy has no adverse effect on equality and diversity.

10.2 Financial risk assessment

The content of this policy has no adverse effect on finance.

10.3 Consultation

[This section should describe an appropriate consultation process which should involve stakeholders]

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Haematologists
Oncologists

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Chemotherapy Advisory Group (CAG)
Medication Safety Committee

10.4 Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the Policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the Policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval