

## **POLICY FOR TREATMENT OF NONIONIC RADIOGRAPHIC CONTRAST MATERIAL EXTRAVASATIONS**

1. Immediate cessation of injection when a problem is detected – edema at injection sight, pressure, pain, burning, numbness or other local complaints, and/or lack of central contrast bolus on images
2. Technologist or nursing staff should immediately inform the responsible faculty, fellow, or on-call resident. The faculty staff MD is ultimately responsible.
3. Initial treatment can include:
  - Elevation of affected extremity above the heart
  - Warm or cold packs (per physician discretion) to the affected site – repeated as required
  - Intermittent compression of affected site by manual compression or an ace wrap (per physician discretion)
  - Observation – frequency, site, and available follow-up dependent on patient's symptoms (Radiology department or patient's clinic or physician's office)
  - Call referring physician or clinic for any extravasation over 50 mL and instruct them as to follow-up –  
Fax Health Facts
  - Educate patient about signs of tissue compromise, and advise to seek medical attention as per #5
4. Immediate plastic surgery consultation for any of the following indications:
  - Known soft tissue extravasated volume exceeds 100 mL of nonionic contrast material (consultation at smaller volumes of extravasation may be appropriate in the pediatric patient)
  - Skin blistering
  - Altered tissue perfusion (decreased capillary refill in the region or distal to the injection site)
  - Increasing pain after 2-4 hours
  - Change in sensation distal to site of extravasation
5. Patient instructed to watch for the following (patient also given Health Facts) and call their physician (after hours if patient's physician not available, 608-262-0143 and ask for the radiology resident on call) for:
  - Residual pain
  - Blistering
  - Redness or other skin color change  
Hardness
  - Increased or decreased temperature of skin at extravasation site (compared with temperature of skin elsewhere)
  - Change in sensation – distal to the extravasation
6. Follow-up phone calls by nurse or radiologist as appropriate
7. Documentation
  - Complete hospital occurrence screen form for any confirmed and significant extravasation
  - Place a note in the patient's chart if available