Extravasation injuries occur in 18% to 33%, with 70% in neonates < 27 weeks of gestational age. Despite such frequent use of PIV therapy, evidence on best practice, injury prevention, management, and treatment of extravasations is lacking” Boyar and Galiczewski (2018).

Abstract:

INTRODUCTION: A peripheral intravenous (PIV) catheter is placed in 60% to 70% of neonatal intensive care unit (NICU) infants. Extravasation injuries occur in 18% to 33%, with 70% in neonates < 27 weeks of gestational age. Despite such frequent use of PIV therapy, evidence on best practice, injury prevention, management, and treatment of extravasations is lacking. OBJECTIVE: This case series of 4 neonatal patients describes the experience and efficacy of using a dehydrated human amniotic membrane allograft (dHAMA) in the treatment of severe extravasation injuries. MATERIALS AND METHODS: The 4 preterm, critically ill neonates, all with stage 4 extravasations, were treated with 1 to 2 applications of the dHAMA to facilitate the repair process. Prior to treatments, standard of care included either enzymatic (collagenase ointment) or autolytic debridement (active Leptospermum honey) followed by mechanical debridement prior to allograft placement. RESULTS: The 4 full-thickness wounds exhibited recalcitrant healing. The dHAMA invigorated the wounds after standard management failed to induce repair. Application was easy and follow-up care was minimal. All wounds healed without contractures and with minimal soft scars and normal pigmentation.
at the 1- to 2-month follow-up visits. CONCLUSIONS: The dHAMA proved to be an effective, safe, and easy-to-apply treatment in this case series, leading to regeneration and healing of deep neonatal wounds associated with extravasations.

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