
Abstract:
This article highlights the importance of being knowledgeable about anthracycline extravasations, including their prevention, early detection, and prompt and effective management. It also emphasizes the need for chemotherapy nurses to document and report all extravasations when they occur, summarizes the current management options, and offers recommendations for clinical practice. Extravasation refers to the unintentional administration of an agent into the surrounding tissue instead of the venous system; in this case, vesicant chemotherapy. Anthracycline extravasations can lead to significant and lasting tissue damage, infection, pain, and functional impairment; they remain a feared consequence for both the patient receiving the chemotherapy and the nurse administering it.

The management of anthracycline extravasations remains a constant challenge to the professionals caring for the patient. One of these challenges is the lack of evidence for many of the treatment options available. The systemic antidote Savene® is the only approved treatment for anthracycline extravasations. It has proved highly efficacious and well-tolerated in prospective clinical studies and in routine clinical practice. Despite national and international professional organizations recommending Savene in their extravasation guidelines, many cancer networks in England still exclude it from their local protocol. Funding decisions regarding the use of supportive treatments are often made on the basis of clinical need; it is, therefore, imperative that nurses promptly report all extravasations or they will
remain unknown and management of extravasations will not improve.