Vesicant extravasation, although uncommon, has enormous potential to affect a patients’ quality of life and survival, as well as generate substantial health-care costs. Clinicians who administer vesicant agents must demonstrate appropriate skills and knowledge regarding the recognition and management of extravasation. The Oncology Nursing Society (ONS) book Chemotherapy and Biotherapy Guidelines and Recommendations for Practice (Polovich, White, & Kelleher, 2005) condensed the minimum standards for practice and is useful in any setting where chemotherapy is administered. However, management of extravasation remains largely based on anecdotes of “efficacious” interventions in small samples or in single clinical cases (Kretzschmar et al., 2003). Consequently, oncology nurses, physicians, and pharmacists face the challenge of determining best practice with a less-than-ideal body of evidence to support clinical decision making. Practitioner awareness and patient management that include use of current guidelines, as well as systematic data collection and case reporting, can contribute to the further development of evidence-based patient care.

Pharmaceutical agents with vesicant properties can produce pain, swelling, inflammation, and progressive tissue damage, eventuating in necrosis and disability.

Extravasation is the inadvertent leakage or escape of a drug or solution from a vein or unintentional injection into surrounding healthy tissues. Occurrences of vesicant chemotherapy extravasation may be underreported but are estimated to occur in 0.1%–6% of peripheral IV infusions.