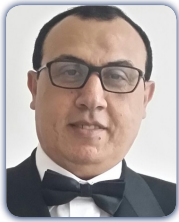


Joint Meeting on  
2<sup>nd</sup> Annual Conference on  
**PEDIATRIC NURSING AND HEALTHCARE**  
&  
23<sup>rd</sup> WORLD NUTRITION & PEDIATRICS HEALTHCARE CONFERENCE  
June 17-18, 2019 Dubai, UAE



## ***Nasser Mohamed***

*Sheikh Khalifa Medical City, UAE*

### **Management of extravasation**

Extravasation of medications during Peripheral Intravenous (PIV) therapy can result in harm to pediatric patients. These medications have physical and/or biologic factors that cause tissue damage. Extravasation injury is a common phenomenon in hospitals. Failure to detect and treat extravasation injury can lead to irreversible local injuries, tissue necrosis and malfunction of the affected tissue. Until now, it is largely unknown about incidence, risk factors and treatment outcomes of extravasation in pediatric patients. The aim of this presentation is to explore the risk factors, to detect early signs and symptoms of extravasation to react early with active management. Extravasation injuries are a common and challenging problem in hospitalized newborns. Accidental infusion leakage into the surrounding tissues in immature infants may frequently result in skin necrosis, with significant risk of functional and cosmetic impairment. Vesicant extravasation injuries can occur in patients receiving chemotherapy despite best efforts to prevent them. Most extravasation injuries are of Grades 1 & 2 and do not require extensive intervention to prevent long-term skin and soft tissue damage Grade 3 & 4 injuries have a greater potential for skin necrosis, compartment syndrome and need for future plastic surgery, depending on the type of solution extravasated. Evidence suggests hyaluronidase irrigation for parenteral nutrition and calcium chloride extravasation is beneficial. The patients' information including age, gender, injection site, estimated volume of solution extravasated, patient symptoms, severity of extravasation injury, treatment methods, and outcomes must be documented. All extravasations are treated with physical, pharmacological and surgical intervention according to the grade of injuries in the most severe cases plastic surgeons are often summoned to assess the extent of the injury and the possibility for reconstruction. Systematic implementation of intervention can alleviate the extravasation injuries and improve the patients' outcome.

### **Learning Objective**

- This presentation will highlighted on
- Risks factors of extravasation and how to avoid it
- Medications may cause extravasation
- Grads of extravasation
- Evaluation the signs and symptoms of a vesicant extravasation
- Documentations of extravasation progress and action of management and outcome
- Administer the FDA-approved vesicant extravasation treatments and antidotes.
- Antidote preparation and administration instruction
- Follow up patients with extravasation after management

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### **Biography**

Nasser Mohamed has almost 30 years of experience as Neonatologist and Pediatric Intensivist. He has graduated MBChB in 1989 from Zagazig Faculty of Medicine, Egypt and did Residency program in Mataria Teaching Hospital, Egypt. He has obtained his Master's degree of Pediatrics in 1994 and then was moved to work in Kuwait where he spent 20 years working between NICU and PICU Mubark Al Kabeer University Hospital. In 2015 he joined Sheikh Khalifa Medical City PICU managed by Cleveland Clinic in Abu Dhabi as Pediatric Intensivist Specialist. He is a Senior Consultant of Pediatrics in Egypt and during this period he has participated in many of international pediatric conferences as speaker and he shared many of workshops in field of pediatric health care.