





Nursing care in the prevention and conduct of antineoplastic drugs spillage

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1 INTRODUCTION

Among the adverse effects of chemotherapy treatment, it is the extravasation of drugs, especially vesicant and irritating ones, which awakens in the professional nurse the cause of greater concern and care. The term extravasation is frequently used to describe the accidental escape or escape of the drug or vesicant solution from the lumen of the vessel into adjacent tissues, where it can cause tissue damage, including necrosis and often limiting sequelae, while the term infiltration refers to the escape of drugs or solutions, which are not capable of causing tissue damage.

Chemotherapy extravasation is an oncological emergency with the potential to generate temporary or permanent harmful complications for the patient. This damage can result in skin lesions, pain, loss of mobility, loss of local function, necrosis, amputation, deterioration of the clinical condition, impact on the proposed therapeutic plan, sepsis, and death. (GARCIA, Bruna Cavalcante. et al. – 2019).

According to Cristiane Sanovick (2009), the professional's knowledge and skill in performing venipunctures and managing central accesses in the administration of antineoplastic drugs is of great relevance. Continuous and adequate follow-up must be maintained to ensure patient safety and the quality of care provided.

Identify which risk factors the patient may have, such as changes in limb mobility and sensitivity, edema, skin lesions, local radiotherapy and/or previous chemotherapy, women undergoing mastectomy, level of consciousness, frailty, and anatomical changes in veins, nutritional status, and body composition. (SOUZA, BUSHATSKY, FIGUEIREDO, et al, 2017).



The main signs and symptoms of extravasation mentioned in the literature are pain, erythema, local edema, and decrease or absence of a venous return, in addition to reduced infusion speed or even interruption. The patient should always be instructed to express complaints regarding the administration of chemotherapy, such as the feeling of pain and burning at the site of insertion of the device through which the chemotherapy is being administered so that early intervention is possible in the event of extravasation.

For the puncture of a peripheral intravenous route, it is up to the nursing team to choose the correct device and the caliber that will be used. When selecting the correct puncture site, it is recommended, if possible, to choose the basilic, median, and cephalic veins, located in the forearm, and regions with joints such as the back of the hand, wrist, and antecubital fossa should be avoided. Fixing the access is an important point, so priority should be given to choosing the transparent film that allows the visualization of the catheter insertion, facilitating the monitoring that must be done throughout the infusion period. (PAYNE, BUTER 2018).

It is necessary to perform aspiration with a syringe to test the reflux and check for the presence of thrombus or fibrin at the tip of the catheter, which obstructs the lumen and prevents the passage of the drug, causing it to return and leak. It must be ensured that there was no migration of the catheter, as well as its integrity, which must be preserved. In addition, for the puncture of a fully implanted central venous catheter, one must ensure that the needle is in the correct location and pay attention to any discomfort that the patient may report. (PAYNE, BUTER 2018).

The present study aims to identify in the literature, national and international, which are the actions of nurses in the prevention and conduct in the face of extravasation of chemotherapy drugs.

2 METHODOLOGY

Bibliographic research was carried out in the MEDLINE, PUBMED, and LILACS databases, using the keywords extravasation, chemotherapy, and oncology nursing. The review was expanded through other sources, such as references cited in the articles obtained. The review period was from 2015 to 2020. To be selected, the articles had to meet the following criteria: focus on the extravasation of antineoplastic drugs, have been published in Portuguese, English, or Spanish, and include an abstract. Medical articles on surgical intervention, studies with animals, and case reports were excluded from the selection.

3 CONCLUSION

When extravasation is suspected, the first measure to be taken is to suspend the infusion. The attempt to aspirate the extravasated drug through the venous device; removal of the device with the subsequent performance of local expression, to mechanically force the output of the liquid. Then, local application of cold or warm compresses (depending on the extravasated drug). Guidance on care and prevention of complications resulting from extravasation should be offered to the patient and family. The doctor must be



communicated and detailed notes must be made in the medical record, if possible with photos recording the evolution of the affected area. (Cristiane Sanovick – 2009).

Based on research carried out in the literature, it can be concluded that the best way to avoid extravasation and its complications is prevention, obtained through trained professionals, good quality materials, adequate patient and companion guidance, in addition to surveillance, and constant venous access.



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