

Extravasation documentation

Totect™ Administration Form



Name: _____

Height/weight _____ / _____

Medical record number: _____

Surface (m²) _____

Time/Day	0-6 hrs	Day:	Day:	Day:	Day:	Day:	Day:	Day:	Day:
Observation Date:									
Observation Time:									
Time of extravasation									
Location of Extravasation									
Describe IV access from which Extravasation occurred									
Aspiration on catheter (yes/no)									
Size of the affected area (cm x cm)	x	x	x	x	x	x	x	x	x
Name of anthracycline diluent									
Amount of fluid extravasated			ML						
Amount of anthracycline extravasated			Mg						
Local ice treatment (yes/no) Remove at least 15 min before Totect™									
Other local treatment (yes/no) If yes describe (Do not use DMSO*):									
Describe symptoms listed below using yes/no or use CTC grades none, mild, moderate, severe									
Date:									
Local swelling									
Local redness									
Local blistering									
Local necrosis									
Pain									
Sensory disturbances									
Skin atrophy									
Impaired limb function									
Disfigurement									
Other:									
Other:									
	Day 1		Day 2	Day 3	Totect™ dosage to be administered: Day 1 and 2: 1000 mg/ m ² , Day 3: 500 mg/m ² Max surface 2.0 m ²				
Date									
Totect™ infusion (mg/total)									
Start time of Totect™ infusion									
Stop time of Totect™ infusion									
Signature doctor									
Signature nurse									

* Treatment of anthracycline extravasation in mice with dexrazoxane with or without DMSO and hydrocortisone, LANGER Seppo W, Cancer chemotherapy and pharmacology 2006, vol. 57, n°1, pp. 125-128.

Additional comments: _____