Infusion Site Care Plan

This worksheet is intended to be used as a tool to aid you in the creation of your own individualized/site-specific plan for management of common site-infusion reactions with foslevodopa/foscarbidopa CSCI. Dr. Lynne H Robertson, MD FRCPC (Int Med) FRCPC (Dermatology) has outlined things to consider when creating your specific management plan.

PAIN, REDNESS, ITCHING, BRUISING, BLEEDING, SWELLING, LUMP, NODULE IN SKIN, INFECTIOUS REACTION or LEAKAGE OF FLUID AT SITE

STEP 1

Remove cannula and tubing - obtain new infusion set
Place new cannula at site ≥ 2.5 cm away from any site used within the last 12 days

A - LEAKAGE OF FLUID

May be associated with swelling at site.

May be related to

1. The cannula:

Consider:

1. Increasing the cannula length (9 mm vs. 6 mm)
2. Changing site more frequently (volume related)
3. Massaging the area after cannula removed
4. If increasing swelling, redness, pain, fever at site after removal of cannula = HCP involvement

Plan of Action:

Roles and Responsibilities:

CSCI, continuous subcutaneous infusion; HCP, healthcare professional.

B - REDNESS AT SITE

Associated with itching only… see **D**

Associated with fever +/- pain, see **G**, swelling, itching, bruising

Consider:

1. Starting antibiotics and scheduling a visit to check

Associated with no fever +/- pain, swelling, itching, bruising

Consider:

1. Monitoring for increasing swelling, redness, pain, fever

Associated with leakage of fluid?

Consider:

1. See **A**
2. Massaging site and monitoring for increasing swelling, redness, pain, fever, see **G**

Plan of Action:

Roles and Responsibilities:

C - DEEP LUMP IN SKIN

Is there any redness, fever, increasing pain -> possible infection/abscess?

Consider:

1. Starting antibiotic
2. Arranging to see patient

No pain, redness, fever, drainage - Probable subcutaneous nodule

Consider:

1. Massaging
2. Not using this site again until nodule has resolved completely

Plan of Action:

Roles and Responsibilities:

D - ITCHING AT SITE

+/- Redness, scaling, slight swelling
Possible irritant reaction or allergic reaction to adhesive/dressing/other agent contacting skin

Consider:

1. Topical steroid

Consider:

1. Changing cannula site
2. Patient to see MD if not getting better within 2 days or earlier if fever, increasing redness, blisters, pain
3. Stopping any suspected causative agents – wipes, creams, adhesives, solutions

Plan of Action:

Roles and Responsibilities:

E - PAIN

At *insertion* of cannula +/- bruising but no other skin changes

Consider:

1. Changing site
2. Using smaller cannula/changing to area with deeper fatty tissue

Ongoing pain +/- bruising but no other skin changes

Consider:

1. Better securement of cannula or tubing
2. Changing site and monitoring old site for redness, swelling, increasing pain (may have dislodged cannula/early infection)

Associated with other skin changes – redness, swelling, *but no fever*

Consider:

1. Monitoring after site change

Associated with fever +/- ANY skin changes

Consider:

1. Starting antibiotics and scheduling a visit check

Plan of Action:

Roles and Responsibilities:

F - BRUISING

At *insertion* of cannula - a localized, flat discolouration of the skin from ruptured capillaries (ecchymosis) or localized collection of blood outside the vessels, forming a swollen and/or firm lump (hematoma)

Consider:

1. Applying cold compresses immediately post injection to reduce swelling
2. Applying warm compresses to promote healing

Consider:

1. Avoiding areas with visible blood vessels
2. Site rotation
3. Careful handling of patients on anticoagulants

Plan of Action:

Roles and Responsibilities:

G – INFECTIOUS REACTION

At *insertion site* of cannula - a localized, swollen, red, and painful area, often warm to the touch and sometimes with a visible pus-filled centre (abscess) or red, swollen, warm, and often painful area of skin that increases in size with borders that may or may not be well defined (cellulitis).

Ensure:

1. **Immediate medical attention** if skin reaction is accompanied by fever, chills, general malaise, fatigue, persistent pain or other systemic symptoms

Consider for Cellulitis:

1. Prescribing oral/IV antibiotics, such as cephalosporin (cephalexin) or penicillin (amoxicillin or cloxacillin), depending on criteria
2. Testing for MRSA for patients with recurring infections
3. Consultation with infectious disease specialist

Consider for Abscess:

1. Prompt identification and ultrasound for diagnostic purposes/differential diagnoses
2. Cut/drainage of abscess
3. Culture drainage for bacterial cultures to guide antibiotic therapy
4. Initiating similar oral/IV antibiotic regimen for cellulitis, cephalosporin (cephalexin) or penicillin (amoxicillin or cloxacillin), depending on criteria and/or MRSA coverage (trimethoprim-sulfamethoxazole, doxycycline, minocycline, clindamycin)

Plan of Action:

Roles and Responsibilities: