

Assessment of phlebitis and infiltrations following standard versus high concentration amiodarone boluses in hospitalized adult patients without central venous access

Brianna Cajacob, PharmD
PGY1 Pharmacy Resident
Billings Clinic
Billings, Montana
4/21/2018

Disclosure Statement

- IRB Status: Approved
- Co-investigators:
 - Susan Keys, BS Pharm
 - Kelsie Ophus, PharmD, BCPS
 - Jason Potts, PharmD, BCCCP, BCPS
 - Jeffrey Ferber, PharmD
 - Melanie Townsend, PharmD, BCPS
- Conflicts of Interest: None
- Project Sponsorship: None

IRB: Institutional Review Board

2

Learning Objectives

- Describe the association of phlebitis and infiltrations with peripheral amiodarone intravenous administration and current practices to decrease the risks
- Compare the incidence of phlebitis and infiltrations in standard versus high concentration amiodarone boluses

3

Background

- Administration of intravenous (IV) amiodarone is associated with phlebitis and infiltrations
 - Reported incidence 13.9% - 85%
- Proposed mechanism is related to formation of precipitants in the vein surrounding the infusion site

• Mowry JL, et al. *West J Nurs Res*. 2011;33(3):457-71.
• Spiering M. *J Infus Nurs*. 2014;37(6):453-60.
• Sim AM, et al. *Int J Med*. 2007;172(12):1279-83.
• Boyce BA, et al. *Crit Care Nurse*. 2012;30(4):27-34.

4

Background

- Factors related to development of phlebitis and infiltrations
 - Low pH
 - High concentration (>3 mg/mL)
 - Administration via a peripheral venous catheter (PVC)
 - Longer duration of therapy
 - Higher medication dose

• Spiering M. *J Infus Nurs*. 2014;37(6):453-60.
• Nesterone [package insert]. Deerfield, IL: Baxter Healthcare Corporation; 2011.
• Norton L, et al. *Am J Crit Care*. 2013;22(6):498-505.

5

Background

- Manufacturer recommendations to prevent phlebitis and infiltrations with amiodarone administration:
 - Central venous catheter (CVC) with in-line filter
 - If PVC used:
 - Maximum recommended concentration is 2 mg/mL

PVC: peripheral venous catheter; mg: milligrams; mL: milliliters

• Nesterone [package insert]. Deerfield, IL: Baxter Healthcare Corporation; 2011.

6

Background

- 2017 nationwide IV fluid shortage impacted the supply of dextrose available to compound amiodarone bolus doses
- At Billings Clinic:
 - Unstable patients received standard amiodarone bolus (concentration 1.45 mg/mL)
 - Available on floor
 - Clinically stable patients received amiodarone bolus from large volume continuous infusion product (concentration 1.74 mg/mL)
 - Compounded in main pharmacy

7

Purpose

- Determine the effect of different concentrations of amiodarone boluses on the incidence of phlebitis and infiltrations in hospitalized adult subjects with PVCs who are receiving IV amiodarone

PVC: peripheral venous catheter

8

Methods: Study Design

- Single-center
- Prospective
- Observational

9

Methods: Inclusion Criteria

- Age ≥ 18 years
- Admitted to Billings Clinic hospital between August 2017 and March 2018
- Administered ≥ 1 IV amiodarone bolus dose \pm infusion via a PVC

PVC: peripheral venous catheter

10

Methods: Exclusion Criteria

- Pregnant or breastfeeding
- Presence of a CVC

CVC: central venous catheter

11

Methods: Study Groups

- Bolus dose: 150 mg IV over 10 minutes
 - Standard concentration (SC): 1.45 mg/mL
 - 150 mg/3 mL in 100 mL D5W
 - Total bolus volume: 103 mL (separate IV piggyback)
 - High concentration (HC): 1.74 mg/mL
 - 900 mg/18 mL in 500 mL D5W
 - Total bolus volume: 86 mL (from IV infusion bag)

D5W: dextrose 5% in water

12

Methods: Primary Outcome

- Incidence of phlebitis or infiltration in patients receiving IV amiodarone boluses via PVCs

PVC: peripheral venous catheter

13

Methods: Secondary Outcomes

- Grade of phlebitis or infiltration
- Time to onset of phlebitis or infiltration (hours)
- Total duration of amiodarone IV bolus ± infusion (hours)
- Total IV amiodarone dose (mg)

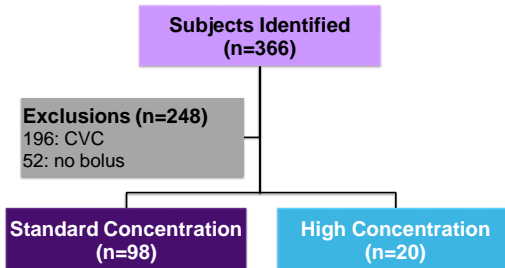
14

Methods: Statistics

- Sample size
 - On average, 40 amiodarone bolus doses ordered per month
 - Convenience sample of 352 subjects
- Statistical tests
 - Descriptive statistics
 - T-test
 - Chi-square test

15

Results: Study Subjects



CVC: central venous catheter

16

Results: Baseline Characteristics

Characteristic	All Subjects (n=118)	SC (n=98)	HC (n=20)
Age (years), mean ± SD	71.4 ± 11.6	71.5 ± 11.2	70.6 ± 13.9
Female, n (%)	41 (34.7%)	37 (37.8%)	4 (20%)
Length of stay (days), mean ± SD	7.6 ± 8.9	8.1 ± 9.6	5.1 ± 3

HC: high concentration; SC: standard concentration

17

Results: Baseline Characteristics

Indication, n (%)	All Subjects (n=118)	SC (n=98)	HC (n=20)
Atrial fibrillation/flutter	91 (77.1%)	73 (74.5%)	18 (90%)
Ventricular tachycardia	20 (16.9%)	18 (18.4%)	2 (10%)
Supraventricular tachycardia	1 (0.8%)	1 (1%)	0
Ventricular fibrillation	4 (3.4%)	4 (4%)	0
Premature ventricular contraction	2 (1.7%)	2 (2%)	0

HC: high concentration; SC: standard concentration

18

Results: Incidence of Phlebitis and Infiltrations

Characteristic, n (%)	All Subjects (n=118)	SC (n=98)	HC (n=20)	P Value
Phlebitis	37 (31.4%)	29 (29.6%)	8 (40%)	0.36
Infiltration	33 (28%)	27 (27.6%)	6 (30%)	0.82
Phlebitis and Infiltration	29 (24.5%)	23 (23.5%)	6 (30%)	-

HC: high concentration; SC: standard concentration

19

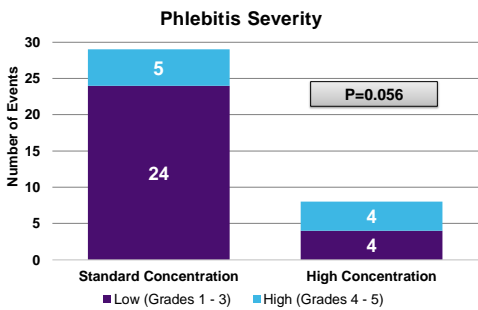
Results: Grade of Phlebitis and Infiltrations

Characteristic, n (%)	All Subjects	SC	HC	P Value
PHLEBITIS	n=37	n=29	n=8	
Low Grade (1 - 3)	28 (75.7%)	24 (82.8%)	4 (50%)	0.056
High Grade (4 - 5)	9 (24.3%)	5 (17.2%)	4 (50%)	
INFILTRATION	n=33	n=27	n=6	
Low Grade (1 - 2)	28 (84.8%)	23 (85.2%)	5 (83.3%)	0.91
High Grade (3 - 4)	5 (15.2%)	4 (14.8%)	1 (16.7%)	

HC: high concentration; SC: standard concentration

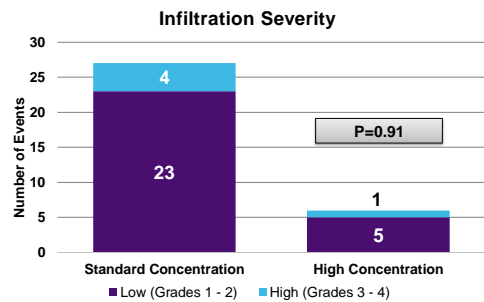
20

Results: Grade of Phlebitis



21

Results: Grade of Infiltrations



22

Results: Time to Onset of Phlebitis and Infiltration

Characteristic, mean ± SD	All Subjects	SC	HC	P Value
PHLEBITIS	n=37	n=29	n=8	
Time to Onset (hours)	23.8 ± 16.7	22.8 ± 14.8	27.5 ± 23.4	0.49
INFILTRATION	n=33	n=27	n=6	
Time to Onset (hours)	25.5 ± 15.8	25.7 ± 13.7	24.4 ± 24.9	0.86

HC: high concentration; SC: standard concentration

23

Results: Total Amiodarone Duration and Dose

Characteristic, mean ± SD	All Subjects (n=118)	SC (n=98)	HC (n=20)	P Value
Duration of Therapy (hours)	29.9 ± 30.6	31.3 ± 32.2	22.9 ± 20.7	0.27
Total Dose (mg)	1225 ± 941	1244 ± 982	1132 ± 720	0.63

HC: high concentration; SC: standard concentration

24

Results: Infiltration Predictive Model

Variable	P Value
Concentration of bolus	0.21
Age	0.70
Sex	0.44
Total dose	0.49
Concurrent medications through same IV line	0.49
Phlebitis	<0.0001

25

Discussion

- No significant difference in the incidence of phlebitis or infiltrations
 - Phlebitis: standard (29.6%) vs. high (40%)
 - Infiltrations: standard (27.6%) vs. high (30%)
- Prior study comparing low (1.2 mg/mL) vs. standard (1.8 mg/mL) amiodarone infusion concentration
 - Phlebitis: low (5.8%) vs. standard (15.6%)

• Mowry JL, et al. West J Nurs Res. 2011;33(3):457-71.

26

Discussion

- In patients who developed phlebitis, there was a greater incidence of low grade severity in the standard concentration group vs. high concentration group (50% vs. 82.8%, $p=0.056$)
- No difference in severity of infiltrations between groups
- Mean time to onset of the adverse event was comparable between groups
 - Phlebitis: standard (22.8 hours) vs. high (27.5 hours)
 - Infiltrations: standard (25.7 hours) vs. high (24.4 hours)

27

Discussion

- Similar mean duration of amiodarone therapy
 - Standard: 31.3 hours vs. high: 22.9 hours
- Similar average total amiodarone dose
 - Standard: 1244 mg vs. high: 1132 mg

28

Limitations

- Small sample size in high concentration group
- Many factors can affect phlebitis and infiltrations
 - Other irritant or vesicant medications
 - Size of IV line
 - Duration of therapy

29

Conclusions

- Standard and high concentration amiodarone boluses had similar rates of phlebitis and infiltrations
 - If phlebitis occurred in high concentration group, it was more likely to be a severe grade than in the standard concentration group
 - Phlebitis may be a predictor of future infiltration

30

Future Directions

- Anticipate returning to standard concentration amiodarone bolus products
- Share study results with key stakeholders
 - IV Nursing Resource Group
 - Cardiology nurses and providers

31

Acknowledgements

- Co-investigators
 - Susan Keys, BS Pharm
 - Kelsie Ophus, PharmD, BCPS
 - Jason Potts, PharmD, BCCCP, BCPS
 - Jeffrey Ferber, PharmD
 - Melanie Townsend, PharmD, BCPS
- Informaticists
 - Jacob Thiesse, PharmD, BCPS
 - Valerie Hatton, CPhT
- Statistical analysis
 - Ya-Huei Li, PharmD, PhD

32

Questions?

bcajacob@billingsclinic.org

33

References

1. Patel NJ, Deshmukh A, Pant S, et al. Contemporary trends of hospitalization for atrial fibrillation in the United States, 2000 through 2010: implications for healthcare planning. *Circulation*. 2014;129(23):2371-9.
2. Mowry JL, Hartman LS. Intravascular thrombophlebitis related to the peripheral infusion of amiodarone and vancomycin. *West J Nurs Res*. 2011;33(3):457-71.
3. Nexterone [package insert]. Deerfield, IL: Baxter Healthcare Corporation; 2011.
4. Management of drug extravasation (PCMM-294). Billings Clinic Policy Manual. Updated February 10, 2016. Accessed September 5, 2017.
5. Peripheral intravenous (IV) care (PCMM-301). Billings Clinic Policy Manual. Updated June 7, 2017. Accessed September 5, 2017.
6. Spiering M. Peripheral amiodarone-related phlebitis: an institutional nursing guideline to reduce patient harm. *J Infus Nurs*. 2014;37(6):453-60.
7. Slim AM, Roth JE, Duffy B, Boyd SY, Rubal BJ. The incidence of phlebitis with intravenous amiodarone at guideline dose recommendations. *Mil Med*. 2007;172(12):1279-83.
8. Boyce BA, Yee BH. Incidence and severity of phlebitis in patients receiving peripherally infused amiodarone. *Crit Care Nurse*. 2012;32(4):27-34.
9. Norton L, Ottoboni LK, Varady A, et al. Phlebitis in amiodarone administration: incidence, contributing factors, and clinical implications. *Am J Crit Care*. 2013;22(6):498-505.
10. Yalkowsky SH, Krzyzaniak JF, Ward GH. Formulation-related problems associated with intravenous drug delivery. *J Pharm Sci*. 1998;87(7):787-96.

Supplementary Slides

35

Clinically Unstable Criteria

- SBP <90 mmHg
- HR >140
- Chest pain, diaphoresis, or shortness of breath
- Presence of arrhythmia

SBP: systolic blood pressure; HR: heart rate

36

Phlebitis Scale

Grade	Clinical Criteria
0	IV site appears healthy
1	Slight pain or redness near IV site
2	Two of the following present: <ul style="list-style-type: none"> • Pain • Erythema • Swelling
3	Both of the following present: <ul style="list-style-type: none"> • Pain • Induration
4	All of the following present: <ul style="list-style-type: none"> • Pain • Induration • Erythema • Palpable venous cord
5	All of the following present: <ul style="list-style-type: none"> • Pain • Induration • Erythema • Palpable venous cord • Pyrexia

37

Infiltration Scale

Grade	Clinical Criteria
0	No symptoms
1	<ul style="list-style-type: none"> • Skin blanched • Edema <1 inch
2	<ul style="list-style-type: none"> • Skin blanched • Edema 1 – 6 inches
3	<ul style="list-style-type: none"> • Skin blanched or translucent • Gross edema >6 inches • Mild-moderate pain • Possible numbness
4	<ul style="list-style-type: none"> • Skin blanched, translucent, discolored • Gross edema >6 inches • Moderate-severe pain • Capillary refill >3 seconds • 3+ pitting tissue edema

38

Results: Phlebitis Predictive Model

Variable	P Value
Concentration of bolus	0.24
Age	0.92
Sex	0.33
Total dose	0.9
Concurrent medications through same IV line	0.23
Infiltration	<0.0001

39

Results: Baseline Characteristics

IV Location, n (%)	All Subjects (n=118)	SC (n=98)	HC (n=20)
Antecubital	53 (44.9%)	46 (46.9%)	7 (35%)
Forearm	46 (39%)	35 (35.7%)	11 (55%)
Hand	7 (5.9%)	7 (7.1%)	0
Upper arm	8 (6.8%)	6 (6.1%)	2 (10%)
Wrist	4 (3.4%)	4 (4.1%)	0

HC: high concentration; SC: standard concentration

40

Results: Baseline Characteristics

IV Gauge, n (%)	All Subjects (n=118)	SC (n=98)	HC (n=20)
16	1 (0.8%)	1 (1%)	0
18	34 (28.8%)	27 (27.6%)	7 (35%)
20	65 (55.1%)	56 (57.1%)	9 (35%)
22	15 (12.7%)	11 (11.2%)	4 (20%)
Unknown	3 (2.5%)	3 (3.1%)	0

HC: high concentration; SC: standard concentration

41

Results: Concurrent Medications

Characteristic, n (%)	All Subjects (n=118)	SC (n=98)	HC (n=20)
Concurrent Medication	4 (3.4%)	4 (4.1%)	0
Concurrent Vesicant or Irritant	0	0	0

HC: high concentration; SC: standard concentration

42

Results: Phlebitis Treatment

Characteristic, n (%)	All Subjects (n=118)	SC (n=98)	HC (n=20)
Cold Compress	3 (2.5%)	2 (6.9%)	1 (12.5%)
Ice	13 (11%)	10 (34.5%)	3 (37.5%)
Observe	20 (16.9%)	16 (55.2%)	4 (50%)
Warm Compress	1 (0.8%)	1 (3.4%)	0

HC: high concentration; SC: standard concentration

43

Results: Infiltration Treatment

Characteristic, n (%)	All Subjects (n=118)	SC (n=98)	HC (n=20)
Cold Compress	5 (4.2%)	4 (14.8%)	1 (16.7%)
Ice	14 (11.9%)	11 (40.7%)	3 (50%)
Observe	13 (11%)	11 (40.7%)	2 (33.3%)
Warm Compress	1 (0.8%)	1 (3.7%)	0

HC: high concentration; SC: standard concentration

44