



NEONATAL MEDICATION GUIDELINE					
HYALURONIDASE					
Scope (Staff):	Nursing, Medical and Pharmacy Staff				
Scope (Area):	KEMH NICU, PCH NICU, NETS WA				
This document should be read in conjunction with the Disclaimer.					

Quick Links										
<u>Dose</u>	Preparation & Administration	Side Effects & Interactions	Monitoring							

Restrictions

Formulary: Unrestricted

This monograph should be read in conjunction with the CAHS Neonatology Clinical Guideline Extravasation Injuries

Description

Hyaluronidase is an enzyme that promotes the reabsorption of extravasated fluid by temporarily breaking down the hyaluronic acid of tissue cement.

- After administering hyaluronidase this tissue cement is broken down for 24 to 48 hours.
- The extravasated fluid is spread over a large absorptive area, but irritation is said to be minimised by dilution in tissue fluids.

Presentation

Ampoule: 1500 units (powder for reconstitution)

Storage

Store at room temperature, below 25°C

Dose

<u>Subcutaneous or Intradermal routes ONLY</u>

<u>Infiltration of Hyaluronidase without Normal Saline Irrigation</u>

Administer 1mL hyaluronidase (concentration 15 units/mL) through the existing, tissued, IV cannula

and/or

Administer a total dose of 1mL hyaluronidase in 5 aliquots of 0.2mL (*concentration 300 units/mL*) into the periphery of the extravasation injury

<u>Infiltration of Hyaluronidase Followed by Normal Saline Irrigation</u>

Inject around and through the extravasation injury a total of 5 aliquots of 0.2 mL hyaluronidase (concentration 1000 units/mL)

Irrigate using normal saline as per Extravasation Injuries Guideline (link below)

Preparation

Preparation will differ according to concentration required as discussed in *Dosage* section.

Concentration: 15units/mL

- Reconstitute hyaluronidase ampoule with 1mL Water for Injections
- Withdraw the entire contents ≈1mL (1500units) and make to a final volume of 10mL with a compatible fluid
- Concentration = 1500units/10mL = 150 units/mL
- Take 1mL of the above solution and further dilute to 10mL
- Concentration is 150 units/ 10mL = 15 units /mL

Concentration: 300 units/mL

- Reconstitute hyaluronidase ampoule with 1mL Water for Injections Concentration is 1500 units/mL
- Withdraw 0.2mL (300units) of the above solution and make to a final volume of 1mL with a compatible fluid
- Concentration = 300 units/ mL

Concentration 1000 units/mL

- Reconstitute hyaluronidase ampoule with 1mL Water for Injections
- Withdraw the entire contents ≈1mL (1500units) and make to a final volume of 1.5mL with a compatible fluid
- Concentration = 1500units/1.5mL = 1000 units/mL

Administration

Administer via subcutaneous or intradermal injection

Compatible Fluids

Water for Injections, Sodium Chloride 0.9%, Glucose 5%, Glucose 10%

Side Effects

Common: injection site reactions

Interactions

Incompatible with adrenaline, heparin and furosemide

Monitoring

Monitor IV site for healing and further signs of extravasation

Comments

Hyaluronidase works best if used early, preferably within one hour but up to 24 hours has been reported.

Not recommended for IV use

Do not use for extravasation of vasoconstrictive agents (e.g dopamine, adrenaline, noradrenaline) see Extravasation Injuries for use of topical glyceryl trinitrate

Do not inject near area of infection or acutely inflamed area due to an increased risk of spreading a localised infection

Related Policies, Procedures & Guidelines

Neonatology Clinical Practice Guidelines for KEMH and PCH:

Extravasation Injuries

References

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NSQHS Standards Applicable:	Std 1: Clinical Governance			Std 5: Comprehensive Care				
	Std 2: Partnering with Consumers			Std 6: Communicating for Safety				
	Std 3: Preventing and Controlling Healthcare Associated Infection			Std 7: Blood Management				
	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration				
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