

# Dexrazoxane (Savene) (Extravasation indication ONLY) intravenous infusion for Adults



## Who can administer

May be administered by registered competent doctor or chemotherapy nurse

## Important information

- One treatment pack is kept in UHG, **stored in the Chemotherapy room, St. Joseph's inpatient oncology ward, in the cupboard under the counter.**
- Reconstitution of Savene must take place using safe handling techniques, either in the Pharmacy Aseptic Services Unit or by using a Closed System Transfer Device (CSTD)(e.g. Equashield or Phaseal). This is to prevent exposure of health-care staff to the drug. Wear gloves and protective clothing to prevent skin exposure.
- **Equashield instructions**
  - [Preparing a vial assembly](#)
  - [Reconstituting a powder using a diluent vial](#)
  - [Adding to an infusion bag](#)
  - [Other instructional videos](#)
- Phaseal: see this [link](#)
- If a decision is made to use Dexrazoxane, the senior oncology pharmacist (in normal working hours) or the Chief pharmacist (if out of hours) must be contacted to discuss the best course of action for preparation of the dose.
- Remove cooling measures, such as icepacks from the affected area at least 15 minutes before the administration of dexrazoxane in order to allow sufficient blood flow to the area

## Available preparations

Savene kit containing **10** vials of Dexrazoxane powder 500mg with **3** x 500ml bottles of diluent

Use a single diluent bottle to reconstitute all the vials required for the dose

## Reconstitution

- Calculate the dose and the number of vials required
- Using a Closed System Transfer Device (CSTD)- (see Important information), add 25ml diluent provided to each vial, giving a concentration of 20 mg dexrazoxane per ml - **keep and store the opened diluent bottle** under aseptic conditions because it is needed for the further dilution of the concentrate
- Use a **single diluent bottle** to reconstitute all the vials required for the dose
- Mix manually by repeated inversions until the powder is dissolved -**do not shake**
- Allow the concentrate to **stand at room temperature for 5 minutes** - check if the solution is homogeneous and clear. The concentrate is slightly yellow
- **Aseptically withdraw the calculated dose volume from the appropriate number of vials**
- **Inject the required volume back** into the opened Savene diluent bottle
- Gently rotate the bottle to ensure equal dispersion of the drug throughout the solution
- Once the drug has been added to the diluent bottle, label the bottle with the patient details

## Infusion fluids

- Not required - the diluent bottle is used

## Methods of intravenous administration

### Intravenous infusion

- Administer over 60 to 120 minutes into a large vein of an extremity or area **other than the one affected by the extravasation**
- Remove cooling measures, such as icepacks from the affected area **at least 15 minutes** before the administration of dexrazoxane in order to allow sufficient blood flow to the area
- Glass bottle precautions should be taken during administration to prevent possible air embolism, particularly in central line administration

## Dose in adults

**Treatment should be given once daily for 3 consecutive days. The recommended dose is:**

- Day 1: 1000 mg/m<sup>2</sup> (up to a maximum of 2000mg)
- Day 2: 1000 mg/m<sup>2</sup> (up to a maximum of 2000mg)
- Day 3: 500 mg/m<sup>2</sup>
- Check a recent chemotherapy prescription sheet to find out the patients body surface area
- The first infusion should be initiated as soon as possible, within the first six hours after the extravasation
- Treatment Day 2 and Day 3 should start at the same hour (+/- 3 hours) as Day 1

### Renal Impairment

- In patients with CrCl<40ml/min a dose reduction of 50% is required
- See under monitoring below

## Monitoring

- Monitor the extravasated area regularly after treatment
- Monitor FBC
- Since renal dysfunction may decrease the rate of elimination of dexrazoxane, patients with impaired renal function should be closely monitored for signs of haematological toxicity
- Increases in transaminases and bilirubin can occur - monitor LFTs

## Further information

Savene diluent contains

- Potassium (98 mg/500 ml or 5mmol/L)
- Sodium (1.61 g/500 ml or 140mmol/L)

## Storage

Store below 25°C

Note: Due to cost, only one treatment pack is kept in UHG, **stored in the Chemotherapy room, St. Joseph's inpatient oncology ward, in the cupboard under the counter.**

## References

SPC Savene. 18th July 2011, Accessed via EMEA 24th Jan 2023

## Therapeutic classification

Detoxifying agent for antineoplastic agents