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| Name:Address:DOB:HCRN:Ward:Primary Consultant: |

 **Assessment: Extravasation**

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| **Details of Extravasation** |
| **Setting where extravasation occurred**: In patient🞏 Day ward🞏 Ward name: Community🞏 Details: | Is there an interpreter present? yes 🞏 no 🞏Interpreting service 🞏 Family member/friend 🞏 N/A 🞏 |
| **Date and time of:**Drug administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extravasation identified \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Infusion/bolus stopped \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Extravasation identified by** Patient🞏 Nurse🞏 Other: |
| **Name of drug extravasated:**  |
| **Dose prescribed:** |
|  |
| **[[1]](#footnote-1)Classification of drug**: DNA binding Vesicant🞏 Non DNA binding Vesicant🞏 Irritant🞏 Non Vesicants (Neutrals)🞏 |
| **Administration Technique:** Bolus🞏 Infusion via mechanical pump🞏 Infusion via gravity🞏 Ambulatory pump🞏 |
| **Prior to extravasation was there**:Free flow of infusion present🞏 Resistance on plunger of bolus syringe🞏 Other: |

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| **Intravenous** **Access Device** |
| Intravenous Cannula🞏 cannula size: PICC🞏 Hickman🞏 Port🞏 Huber needle length & gauge: Other: |
| Line secured with a fixation device: Yes🞏 No🞏 | Insertion site: |
| How many attempts to cannulate If applicable: Was it on the same limb as the extravasation? Yes🞏 No🞏 | Where on the limb in relation to the extravasation was the previous puncture site? If applicable Proximal🞏 Distal🞏 Medial/Lateral🞏 |
| **Process and frequency of line patency confirmation prior to and during drug administration:**Blood return present pre administration Yes🞏 No🞏Blood return checked and present as per protocol Yes🞏 No🞏 **Other details including description and quality of blood return:** |

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| **Initial Intervention/management** |
| **Steps** | **Action** | **Done** | **Details** |
| **1** | Stop administration of bolus or infusion immediately but **do not** remove PIVC or Huber needle |  |  |
| **2** | Ask another member of staff to inform the medical team/specialist nurse |  |  |
| **3** | Disconnect infusion/syringe from IV device |  |  |
| **4** | Avoid putting any pressure on the site |  |  |
| **5** | Aspirate as much of the drug as possible via the PIVC or Huber needle with a syringe |  | Approximate amount aspirated: |
| **6** | Observe the area. If there is spillage on the surface of the skin, wash area with warm soapy water and remove any affected clothing immediately |  |  |
| **7** | Apply hot or cool packs as per local policy  |  | Hot🞏 Cool🞏 N/A🞏Time applied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time removed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **8** | Remove line as per local policy |  |  |
| **9** | Mark the extravasation site with a marker suitable for use on skin |  |  |
| **10** | Describe appearance of PIVC or Huber needle if removed |  |  |
| **11** | As per drug specific classification management, proceed with treatment as per policy |  | Details of drug/topical treatment administered:Time: |
| **12** | Measure the extravasation site |  | Diameter (mm): Length(mm): Width(mm): |
| **13** | Consider medical photography |  |  |
| **14** | Administered analgesia as required |  |  |
| **15** | Inform a member of the medical team if not notified in step 2 |  | Name of person notified: |
| **16** | Early Warning System completed  | Yes🞏 No🞏 N/A🞏 |
| Note: Please complete an incident report form**Reviewed by:** Name: Title:**Recommendations made:**Surgical/Plastics consult required? Yes🞏 No🞏 Consult requested? Yes🞏 No🞏Details: |

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| **Initial Extravasation Site Assessment** |
| Please tick all initial signs and symptoms experienced by patient |
| Pain 🞏 | Swelling 🞏 | Stinging 🞏 | Tingling 🞏 |
| Itching 🞏 | Blistering 🞏 | Erythema 🞏 | Ulceration 🞏 |
| Venous discolouration 🞏 | Skin discolouration 🞏 | Fluid leakage 🞏 | Induration 🞏 |
| Necrosis 🞏 | Cold sensation 🞏 | Sensory alteration/loss | Burning 🞏 |
| Patient reported symptoms: |

**Please indicate location of extravasation by using the diagram below**

Arm/hand: Right🞏 Left arm🞏

Chest (Site of portacath): Right 🞏 Left 🞏



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| **See appendix 1 for Grading Scale** |
| Time |  |  |  |  |  |  |  |
| Skin colour |  |  |  |  |  |  |  |
| Skin integrity |  |  |  |  |  |  |  |
| Skin temp |  |  |  |  |  |  |  |
| Oedema |  |  |  |  |  |  |  |
| Mobility |  |  |  |  |  |  |  |
| Fever |  |  |  |  |  |  |  |
| Pain  |  |  |  |  |  |  |  |
| Initials |  |  |  |  |  |  |  |
| NMBI pin |  |  |  |  |  |  |  |

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| **Medical Photography** |
| **Please attach photo here** | **Comments** |
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| **Discharge**  |
| Frequency of dressing changes: | Dressing type:Topical treatments:Including hot/cold packs: |
| Factors to consider that may influence wound healing: |
| Education provided to:Required teaching points: Sign/symptoms of necrosis🞏 Sign/symptoms of sensory loss🞏 ROM exercises🞏 Monitoring temperature🞏 Topical care🞏 Protection from sunlight🞏 Other: Teaching aids used: Written🞏 Verbal🞏 Demonstration🞏 |
| **Multidisciplinary/Community Services Referrals** |
| Referrals Made | Comments |
|  |  |
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| **Details of next appointment for extravasation follow up** |
| Date: | Time: | Reason: |
| Assessment completed by: NMBI pin:  |

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| **Extravasation follow up** Use Appendix 1 |
| Date/time: |  **Medical Photography** Day:  |
| Skin colour |  | Mobility |  | Please attach photo here |
| Skin integrity |  | Pain |  |
| Skin Temperature |  | Fever |  |
| Oedema |  | Patient reported symptoms: |
| Diameter (mm)Length(mm)Width(mm) |  |
| Describe appearance of extravasation site:e.g. Appearance of wound bed, colour odour, granulation |
| Is there any presence of necrosis? Details: |
| Sensation present? Details: |
| Education provided to:Details:Teaching evaluation: Patient can articulate understanding🞏 Can demonstrate understanding🞏 Requires further education🞏  |
| Early Warning System completed Yes🞏 No🞏 NA🞏  |
| **Multidisciplinary/community service referrals** |
| Referrals made | Comments |
|  |  |
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|  |  |
| **Details of next appointment for extravasation follow up** |
| Date | Time | Reason |
| Signature: Print: |

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| --- |
| **Extravasation follow up** Use Appendix 1 |
| Date/time: |  **Medical Photography** Day:  |
| Skin colour |  | Mobility |  | Please attach photo here |
| Skin integrity |  | Pain |  |
| Skin Temperature |  | Fever |  |
| Oedema |  | Patient reported symptoms: |
| Diameter(mm)Length(mm)Width(mm) |  |
| Describe appearance of extravasation site:e.g. Appearance of wound bed, colour odour, granulation |
| Is there any presence of necrosis? Details: |
| Sensation present? Details: |
| Education provided to:Details:Teaching evaluation: Patient can articulate understanding🞏 Can demonstrate understanding🞏 Requires further education🞏  |
| Early Warning Score completed Yes🞏 No🞏 NA🞏  |
| **Multidisciplinary/community service referrals** |
| Referrals made | Comments |
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| **Details of next appointment** |
| Date | Time | Reason |
| Signature: Print: |

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|  **Signature Bank** |
| **Name** | **Signature** | **Initials** | **Role** | **NMBI Pin** |
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**Appendix 1: Grading Scale for Monitoring Extravasation**

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| **Grading Scale For Monitoring Extravasation** |
| **Grading** | **1** | **2** | **3** | **4** | **5** |
| **Skin colour** | Normal | Pink | Red | Blanched area surrounded by red | Blackened |
| **Skin integrity** | Unbroken | Blistered | Superficial skin loss | Tissue loss & exposed subcutaneous tissues | Tissue loss & exposed bone/muscle with necrosis crater |
| **Skin temp** | Normal | Warm | Hot |  |
| **Oedema** | Absent | Non- pitting | Pitting |  |
| **Mobility** | Full | Slightly limited | Very limited | Immobile |  |
| **Temperature** | Normal | Elevated | Please indicate actually temperature |
| **Pain (1-10)** | No pain | Mild pain | Moderate pain | Severe pain | Worst pain possible |

Grading scale for monitoring extravasation, Royal Marsden Manual of Clinical Nursing Procedures, 9th Edition, 2015

1. Please check your local hospital policy for drug classification [↑](#footnote-ref-1)