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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:** | | |

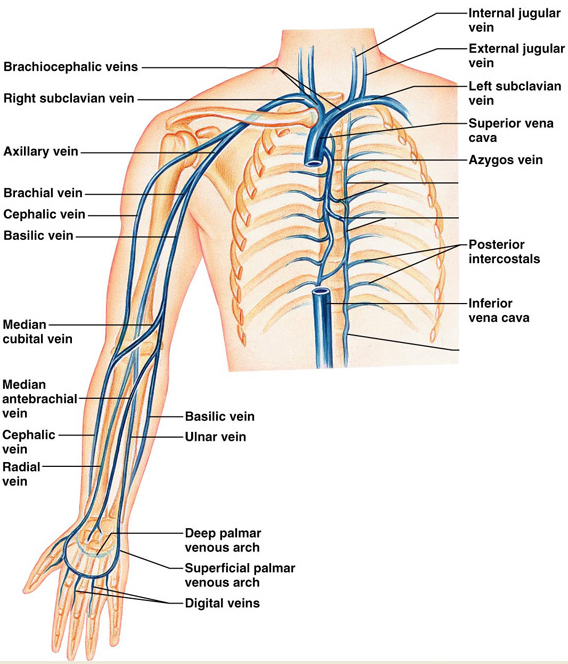
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| **Initial Intervention/management** | | | | |
| **Steps** | **Action** | **Done** | **Details** |
| **1** | Stop administration of bolus or infusion immediately but **do not** remove PIVC or Huber needle |  |  |
| **2** | Ask another member of staff 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)