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

 **Assessment: Extravasation**

Assessment date/time\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

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| **Details of Extravasation** |
| **Setting where extravasation occurred**: In patient🞏 Day ward🞏 Ward name: Community🞏 Details: |
| **Date & time administration of drug was commenced:**  |
| **Date & time extravasation identified**: **Time infusion/bolus stopped:**  |
| **Extravasation identified by** Patient🞏 Nurse🞏 Other: |
|  **[[1]](#footnote-1)Please indicate sequence of drugs administered** |
| No | Drug | Dose | Infusion/Bolus | Infusion time | Initials |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| **Name of drug extravasated: Dose prescribed:****Dilution/concentration of extravasated drug:****How much drug infused prior to extravasation:** |
| **[[2]](#footnote-2)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** |
| Peripheral Intravenous Cannula🞏 length and gauge of needle: PICC🞏 Hickman🞏 Port🞏 length & gauge of needle: Other: |
| **Length of time IV device in place:** | **Insertion site:** |
| **Line secured with/fixation device:** |
| **Describe appearance of venopuncture site**: If applicable |
| **Number of attempts at obtaining venous access on day of extravasation 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 applicableProximal🞏 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 after every 2mls infused during IV bolus Yes🞏 No🞏 **Other details including description and quality of blood return:** |

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

**Right arm🞏 Left arm🞏**



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| **Extravasation Site Assessment** |
| Please circle 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 |

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|  **Describe Appearance of Extravasated Area** |
|  | **Medical Photography**  |
|  | Please attach photo here |
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| **Initial Extravasation Site Monitoring** See appendix 1 |
| Skin colour | Skin integrity | Skin temp | Oedema | Mobility | Fever | Pain scale 1-10 | Initials and NMBI pin |
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| **Initial Intervention/management** |
| 1. Stop administration of bolus or infusion immediately but **do not** remove PIVC 🞏
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 of the site 🞏
5. Aspirate as much of the drug as possible via the PIVC or CVAD with a syringe 🞏

Approximate amount aspirated:1. [[3]](#footnote-3)Apply hot or cool packs as appropriate Hot🞏 Cool🞏 NA🞏

Time applied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time removed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Remove PIVC/Huber when aspiration complete (CVAD remains in place) 🞏
2. Mark the extravasation site with a marker suitable for use on skin 🞏
3. Describe appearance of PIVC and Huber needle once removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. As per drug specific classification management, proceed with treatment as per policy, give details of drug/topical treatment administered Time:

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2. Consider medical photography 🞏
3. Administered analgesia as required 🞏 Details:
4. Inform a member of the medical team if not notified in step 2 🞏

Name of person notified: 14. Early Warning Score completed Yes🞏 No🞏 NA🞏 |
| \*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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| **Continuous Extravasation Site Monitoring** See appendix 1 |
| Date |  |  |  |  |  |  |  |
| Time |  |  |  |  |  |  |  |
| Skin colour |  |  |  |  |  |  |  |
| Skin integrity |  |  |  |  |  |  |  |
| Skin temp |  |  |  |  |  |  |  |
| Oedema |  |  |  |  |  |  |  |
| Mobility |  |  |  |  |  |  |  |
| Fever |  |  |  |  |  |  |  |
| Pain  |  |  |  |  |  |  |  |
| Initials |  |  |  |  |  |  |  |
| NMBI pin |  |  |  |  |  |  |  |

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| **Discharge and Follow up** |
| Next follow up:Date: Time: Location: |
| Factors to consider that may influence wound healing:E.g. Diabetes Mellitus, Lymphoedema, treatments that interfere with healing etc |
| Frequency of dressing changes | Dressing type:Topical treatments:Including hot/cold packs |
| 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🞏 |
| Community referrals made: GP🞏 PHN🞏 CIT or similar🞏 Other:Details:Follow up explained to patient/carer 🞏  |
| **Notes:**  |
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| Signed: Title: NMBI pin:  |

 **Follow up records**

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| **Follow Up Record 1** 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: |
| DiameterLengthWidth |  |
| Please describe appearance of extravasated area e.g. Appearance of wound bed, colour odour, granulation |
| Is there any presence of necrosis? Details: |
| Sensation present? Details: |
| Ongoing education provided to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details: Teaching evaluation: Patient can articulate understanding🞏 Can demonstrate understanding🞏 Requires further education🞏  |
| Any referrals made this visit Yes🞏 No🞏 Details: |
| Early Warning Score completed Yes🞏 No🞏 NA🞏  |
| Next appointment Date: Time: Location: |
| Notes: |
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| Sign: Title: NMBI pin: |

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| **Follow Up Record 2** 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: |
| DiameterLengthWidth |  |
| Please describe appearance of extravasated area e.g. Appearance of wound bed, colour odour, granulation |
| Is there any presence of necrosis? Details: |
| Sensation present? Details: |
| Ongoing education provided to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details: Teaching evaluation: Patient can articulate understanding🞏 Can demonstrate understanding🞏 Requires further education🞏  |
| Any referrals made this visit Yes🞏 No🞏 Details: |
| Early Warning Score completed Yes🞏 No🞏 NA🞏  |
| Next appointment Date: Time: Location: |
| Notes: |
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| Sign: Title: NMBI pin: |

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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. Use generic drug names [↑](#footnote-ref-1)
2. Please check your local hospital policy for drug classification [↑](#footnote-ref-2)
3. Please check your local hospital policy for drug specific advice on application of hot and cool packs [↑](#footnote-ref-3)