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

**Assessment: Extravasation**

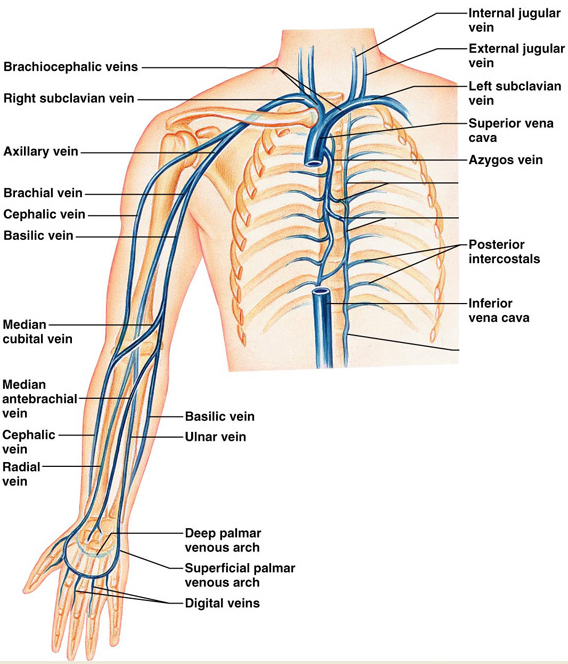
Assessment date/time\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

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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 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 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:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Measure the extravastion site Diameter: Length: Width: 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: | |
| Diameter  Length  Width |  |
| 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: | |
| Diameter  Length  Width |  |
| 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)