

Extravasation Management Documentation

Inpatient or outpatient: _____

Hospital/Unit: _____

Contact Number(s): _____

Extravasation Details:

Date/Time (incident observed): _____ Notified Physician (time): _____

Name of medication: _____

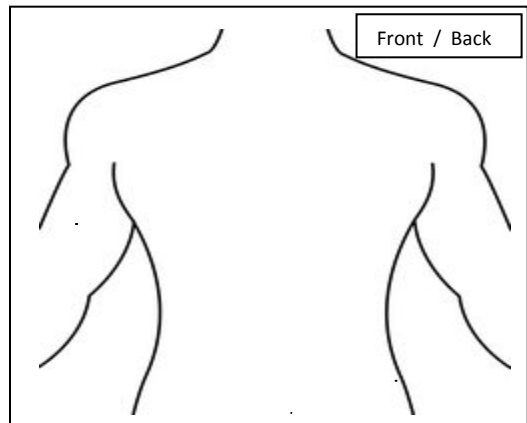
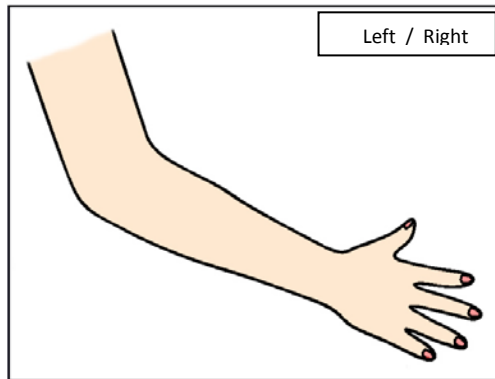
Type & size of CVAD or Length & gauge of cannula: _____

Administered: push intermittent continuous Approximate volume extravasated (mL): _____

Was the medication given via a pump? Yes / No

How was patency established prior to and during administration: _____

Document location of injury on diagram (s):



Legend:
 X location of device
 O location of insertion attempts
 □ Shade in area of extravasation/infiltration

Patient's signs and symptoms: _____

Nurses Assessment: (check all that apply)

<input type="checkbox"/> Induration	<input type="checkbox"/> Pain	<input type="checkbox"/> Redness	<input type="checkbox"/> Flare	<input type="checkbox"/> Hot	<input type="checkbox"/> Swelling
<input type="checkbox"/> Necrosis	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Blistering	<input type="checkbox"/> Cold	<input type="checkbox"/> Fever

Pain Scale (0-10): _____

Initial treatment details:

- Stop Infusion Catheter removed (time) _____ Elevate limb
- Cold pack Catheter left in situ Gentle pressure
- Warm pack Aspirate (mL) _____ Other _____

Antidote administered (please give details): _____

Follow-up Plan: _____

Name of prescriber informed: _____ Signature of nurse: _____

Grading Scale:

Scale	0	1	2	3	4
Skin color	normal	pink	red		blackened
Skin temperature	normal	warm	hot		
Skin integrity	normal	blister	skin loss	tissue loss	exposed bone/muscle with necrosis
Pain	normal	tender	sore to touch	pain on resting	pain on movement and analgesics required
Edema	normal	non-pitting	pitting		
Fever	normal	increased			
Mobility	normal	slightly limited	very limited	immobile	

Continuing assessment details:

Day post extravasation									
Skin color									
Skin temperature									
Skin integrity									
Pain									
Edema									
Fever									
Mobility									
Nurse initials									

Nurse Signature & Initials
