Supple 5. Photographic documentation of extravasation case

Extravasation

Reporter : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_ Physician: \_\_\_\_\_\_\_\_\_\_\_ 2. IV device-related information    * 1. IV device insertion date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_ \_ \_: \_ \_ \_      2. IV device inserted by: \_\_\_\_\_\_\_\_\_\_\_\_      3. IV device type   Peripheral intravenous catheter ( G) Non-tunnel ( ) Tunnel ( ) Implanted port PICC   1. Extravasation drug-related information    * 1. Drug names/dosage: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_      2. Vesicant drug: Yes No      3. Drug administered on: \_\_\_\_/\_\_\_/\_\_\_\_ (administered by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)      4. Chemo\_regimen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      5. Administration path: IV push Piggyback IM Flush only other\_\_\_\_\_\_\_\_\_\_\_\_\_      6. Blood backflow confirmed during administration: Yes No      7. Patient’s symptoms and expression during administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Extravasation site assessment      * + 1. Assessed on: \_\_\_\_\_\_\_\_\_(year) \_\_\_\_\_(month) \_\_\_\_\_\_(day) (D\_\_\_\_\_)     2. Extravasation site   Rt Lt  Upper extremity Lower extremity  Internal External  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * + 1. Description of extravasation site’s condition (skin condition, size, etc.)   < Details >  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Therapeutic interventions    * Administration of antidote: Yes \_\_\_\_\_\_\_\_\_\_\_\_\_ No    * Intervention contents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    * Medical photography: Yes No    * Results: Resolved after emergency treatment Resolved after single medication Skin graft required F/U Loss |
| 1. Follow-up  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Date | / / | / / | / / | / / | / / | / / | / / | | Extravasation occurred on | D( ) | D( ) | D( ) | D( ) | D( ) | D( ) | D( ) | | Color |  |  |  |  |  |  |  | | Integrity |  |  |  |  |  |  |  | | Skin temp. |  |  |  |  |  |  |  | | Edema |  |  |  |  |  |  |  | | Mobility |  |  |  |  |  |  |  | | Pain |  |  |  |  |  |  |  | | Fever |  |  |  |  |  |  |  | | Comment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Date | / / | / / | / / | / / | / / | / / | / / | | Extravasation occurred on | D( ) | D( ) | D( ) | D( ) | D( ) | D( ) | D( ) | | Color |  |  |  |  |  |  |  | | Integrity |  |  |  |  |  |  |  | | Skin temp. |  |  |  |  |  |  |  | | Edema |  |  |  |  |  |  |  | | Mobility |  |  |  |  |  |  |  | | Pain |  |  |  |  |  |  |  | | Fever |  |  |  |  |  |  |  | | Comment |  |  |  |  |  |  |  |   **<Extravasation Assessment Tool>**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Score  Evaluation items | 0 | | 1 | 2 | 3 | 4 | | Color | Normal | | Pink | Red | Blanched | Blackened | | Integrity | Unbroken | | Blistered | Superficial skin loss | Tissue loss, exposing subcutaneous tissue | Tissue loss, exposing muscle, /bone with a deep crater or necrosis | | Skin temp. | Normal | | Warm | Hot |  |  | | Edema | Absent | | Non-pitting | Pitting |  |  | | Mobility | Full | | Slightly limited | Very limited | Immobile |  | | Pain | Rate on 0-10 scale | | | | | | | Fever | Normal | Elevated (highest value during 24 hours) | | | | | | |