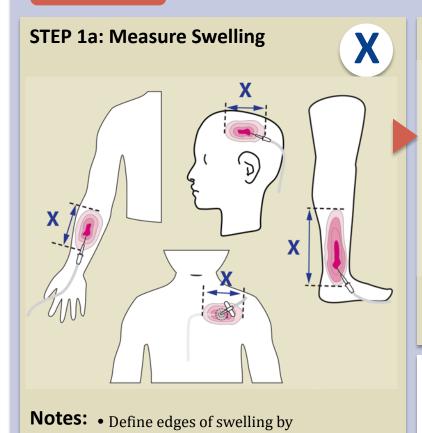
Cincinnati Pediatric Intravenous Extravasation **Assessment System** Children's

Assess Extravasation

Volume



palpation/visual observation.

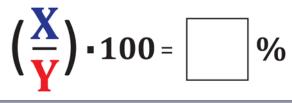
• Measure longest dimension.

STEP 1b: Measure ARM Length



- Y = Axilla to tip of longest finger
- For Y measure arm length regardless of site of extravasation.
- NEVER measure leg or other body part.
- For patients with casts or limb deficiency, consult vascular access team.
- Arm length Y is just a convenient way to consistently estimate the patient's size. For Y never measure the leg or other body part.

STEP 1c: Calculate



STEP 2:

Assess Extravasated

Medication

Venous Infusion Extravasation Risk

This is an estimate of risk for phlebitis or local tissue injury due to extravasation from any intravenous infusior or available evidence, CCHMC data and CCHMC expert opinion, subject to review and change as further evide For Treatment of Extravasation, Refer to CCHMC Policy P&T II-112
This does not apply in situations of emergency medical treatment.

If a medication is not on this list, please refer to the CCHMC formulary or contact pharmacy (6-4291) for information

Red

Higher Risk

Acvelovir Amiodarone Caffeine Citrate Calcium (all salt forms) Dextrose > 12.5% Doxycycline Esmolol

Mannitol 20% & 25% Promethazine Potassium >60 mEq/L

Sodium bicarbonate ≥ 3% Sodium chloride ≥ 3%

TPN > 950 mOsm/L Vasopressors such as Dopamine

Antineoplastic Medications Refer to the Hazardous Medication Procedur HM-Pro-003 & HM-Pro-006



Yellow

Intermediate Risk

Acetazolamide Allopurinol Amikacin Amphotericin B (conventional) Arginine Ciprofloxacin Dextrose 10% to ≤12.5% Diazepam

Erythromycin Ganciclovir Lorazepam Midazolam

Morphine Ondansetron Nafcillin

Iodine based (CT) Radiology Contrast Phenobarbital

Potassium < 60 mEq/L TPN <950 mOsm/L

Green

NOTE:

Notes:

- "Extravasated Medication" means medication administered through the IV/CVC during the previous 2 hours, or since the last normal IV/CVC site check, whichever is longer.
- Refer to current Red/Yellow/Green listing (each new version has a different color border, consult latest version)

EXTRAVASATION MEDICATION CODING

R = medication on RED list

Y = medication on YELLOW list

G = medication on GREEN list

F = Fluids only (no medications or potassium)

U = medication Unlisted

N = medication not listed but causing harm similar to a RED drug (this category will rarely be needed)

OLD. Infusion Status Interventions Performed Line Change Due Date Philebitis Scale

Chart immediately in EPIC

Notify Vascular Access Team as soon as possible if:

Volume ≥ 30% and/or RED list Medication

Vascular Access Team Pager:

736-0337

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