

Skills Checklist

Title: Extravasation Management

Name: _____

Unit: _____

Evaluator: _____

Date: _____

The RNCC will perform the above procedure consistent with the skills checklist.

	Critical Behaviour	Yes	No
	The best approach to extravasation is prevention		
	Site Selection and Venipuncture		
1.	Differentiates between vesicants, non-vesicant and irritant		
2.	Identifies extravasation hazard of drug(s)		
3.	Washes hands and selects appropriate gloves		
4.	Selects appropriate venipuncture site - large veins of forearm preferred - extremities with no venipuncture in last 24 hours		
5.	Chooses appropriate vein, smooth pliable, distal but proximal to previous venipuncture		
	Initates new venous access for IV site older than 2 hours		
6.	Applys appropriate tourniquet pressure over patient's clothing – no tourniquet with older adults		
7.	Displays techniques that minimize trauma to veins		
8.	Chooses appropriate size cathlon, 22 or 24 gauge		
9.	Approaches skin with cathlon parallel for insertion		
10.	Attempts procedure no more than 2 times		
11.	Secures with clear dressing and tapes all connections		
	Checking Vein Patency		
12.	Assures vein patency		
13.	Checks for blood return before, during and after drug administration. Direct Vesicant check prior to and every 2 to 3 minutes. Minibag Vesicant check prior to and every 5 minutes		
	Administration of Vesicant		
14.	Administers Direct IV push drug using side arm technique		

15.	Administers vesicant in timely manner – within 5-10 minutes		
16.	Administers slowly with no undue force		
17.	Flushes line as per policy following administration of each drug		
18.	Sequences drug administration appropriately		
19.	Remains with patient during administration of Vesicant		
	Assessment		
20.	Continually assesses for patency, blood return, IV flow and site during infusion		
21.	Questions patient about discomfort, burning, stinging. Instructs patient to report any changes		
22.	Differentiates between Venous Flare and Extravasation		
	Management of Extravasation		
23.	Displays knowledge of Management Algorithm in Systemic Therapy Manual		
24.	Confirms extravasation – Knows Signs and symptoms		
	Management of Extravasation	Yes	No
25.	Stop administration of drug		
26.	Leave cannula in place		
27.	Attach a 10 ml syringe to existing cannula and aspirate residual med or blood. If subcutaneous bleb – aspirate with 25 or 27 gauge needle attached to another syringe		
28.	Notify Physician (See Algorithm p 651 if antidote needed)		
29.	Disconnect syringe and replace 10 ml NS filled syringe (to remain in place until verified no further action ordered by physician		
30.	Remove cannula		
31.	Avoid pressure to site		
32.	Cover lightly with sterile dressing		
33.	Apply cold or warm packs if applicable to area for 15-20 minutes four times a day for 24 hours. (See Algorithm p 651)		
34.	Elevate affected limb if applicable for 48 hours		

35.	Arrange Physician visit to review site		
36.	Arrange surgical consult/ photograph if warranted		
	Documentation		
37.	Date		
38.	Time		
39.	Type of venous access		
40.	Insertion site, location (appearance)		
41.	Number of venipuncture attempts and location		
42.	Drug sequence of non-chemotherapy and chemotherapy drugs given prior		
43.	Drug(s) extravasated		
44.	Drug administration technique; SVP, LVP, Push		
45.	Estimated amount of drug extravasated		
46.	Symptoms reported by patient		
47.	Nursing intervention		
48.	Appearance of site		
49.	Physician notified		
50.	Surgery consult/photograph if warranted		
51.	Follow-up instructions to patient		
52.	Nurses signature		