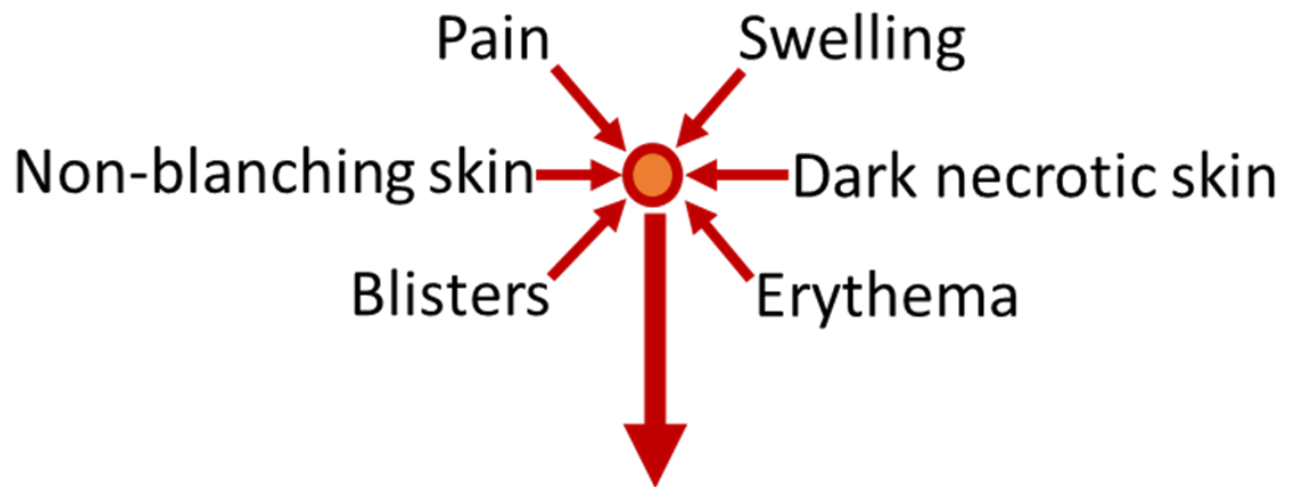


Suspected Infiltration or Extravasation Action



Has a vascular access device been in situ in the affected limb in or around the area of current concern, now or in the past 2 weeks , which was used for IV therapy that would be classed as a vesicant?

How does the affected limb look?

Is the whole limb swollen and/or cold and dusky looking with reduced or absent capillary refill and poor or absent radial pulses?

If Yes: THINK EXTRAVASATION OR COMPARTMENT SYNDROME

If NO it could be: Exit site infection, Phlebitis, MARSI, Cellulitis, Oedema

ACTIONS - Reassure patient - Manage pain - call for help! (Plastics)

- Stop administration - Leave vascular access device in situ and attempt aspiration.
- Identify Vesicant involved and check for antidote in guidelines.
- If available administer antidote following guidelines.
- Consider referral for wash out treatment.
- If no antidote or washout—remove vascular access device.
- SACT extravasations—refer to SACT network guidance.
- Mark outline of extravasation injury and document incident in patient record.
- Apply Hot or Cold compress if appropriate.
- Complete referral to plastics - take medical photography and upload to patient record.
- Complete RL, inform clinical team and arrange follow up by specialist.

Contact: