



Extravasation of intravenous anti-cancer therapies assessment and documentation tool

HOSP ID	MRN
SURNAME	
OTHER NAMES	
DOB	SEX AMO
MRN BAR CODE	

Extravasation

Date: _____ Time: _____ Drug/solution: _____ Approx. volume: _____ mL	<input type="checkbox"/> During administration <input type="checkbox"/> Immediately after administration <input type="checkbox"/> After administration: _____ hours / days (circle)
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Vascular access device

<input type="checkbox"/> PIVC Insertion date: _____ Time _____	<input type="checkbox"/> PIVC <input type="checkbox"/> TIVAD <input type="checkbox"/> tc-CICC <input type="checkbox"/> A-CICC TIVAD non-coring needle: _____ mm _____ gauge
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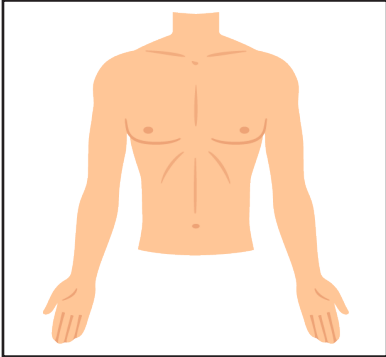
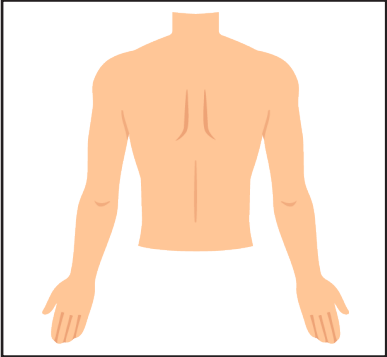
Administration

Free flow / gravity Infusion pump Syringe

Signs and symptoms

<input type="checkbox"/> Pain	<input type="checkbox"/> Burning	<input type="checkbox"/> Tingling	<input type="checkbox"/> Stinging
<input type="checkbox"/> Erythema	<input type="checkbox"/> Blanching	<input type="checkbox"/> Blister/s	<input type="checkbox"/> Other discolouration _____
<input type="checkbox"/> Swelling	<input type="checkbox"/> Exudate	<input type="checkbox"/> Induration	<input type="checkbox"/> Bleb formation
<input type="checkbox"/> No blood return	<input type="checkbox"/> Change in free flow rate	<input type="checkbox"/> Infusion pump alarm	

Location

Mark affected area 	Size of area ____ cm x ____ cm 
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Immediate actions

<input type="checkbox"/> STOP	injection / infusion immediately
<input type="checkbox"/> LEAVE	VAD in situ
<input type="checkbox"/> ASPIRATE	residual drug from VAD with syringe
<input type="checkbox"/> PLAN	

Secondary actions

<input type="checkbox"/> Treating team notified
<input type="checkbox"/> Photo taken
<input type="checkbox"/> Affected area outlined with marker
<input type="checkbox"/> Warm compress <input type="checkbox"/> Cold compress
Application time: _____ Frequency: _____
<input type="checkbox"/> Antidote: _____
Time _____
<input type="checkbox"/> Analgesia: _____
Time _____

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Education	Discharge
<input type="checkbox"/> Extravasation details <input type="checkbox"/> Post-acute management <input type="checkbox"/> Written information	<input type="checkbox"/> Take home medications (analgesia, creams) <input type="checkbox"/> Follow up appointments <input type="checkbox"/> Admission

Referral / follow up appointments	
<input type="checkbox"/> Dermatology _____ <input type="checkbox"/> Plastics _____ <input type="checkbox"/> Surgical _____	<input type="checkbox"/> Community _____ <input type="checkbox"/> Cancer care _____ <input type="checkbox"/> Other _____

Details of person reporting extravasation
Name: _____
Designation: _____
Signature: _____
Date/time: _____

Extravasation assessment							
	Day _____	Day _____	Day _____	Day _____	Day _____	Day _____	Day _____
Date							
Skin colour							
Skin temp.							
Skin integrity							
Oedema							
Mobility							
Pain							
Systemic temp.							
Photo							
Signature							

Grading scale	0	1	2	3	4
Skin colour	Normal	Pink	Red	Blanched	Blackened
Skin temperature	Normal	Warm	Hot		
Skin integrity	Unbroken	Blistered	Superficial skin loss	Tissue loss exposing subcutaneous tissue	Tissue loss muscle/ bone exposure, deep crater or necrosis
Oedema	Absent	Non-pitting	Pitting		
Mobility	Full	Slightly limited	Very limited	Immobile	
Pain	Grade using a scale of 0-10: 0=no pain 10=worse pain				
Systemic temperature	Normal	Elevated			

References

- Mader, I., P. Furst-Weger, R.M. Mader et al. 2010. "Extravasation of Cytotoxic Agents: Compendium for Prevention and Management." 2nd Ed. Springer-Verlag, Vienna.
- Polovich, M., M. Olsen, K. LeFebvre. 2014. "Chemotherapy and Biotherapy Guidelines and Recommendations for Practice" 4th ed. Oncology Nursing Society. Pittsburgh.
- Schulmeister, L. 2011. "Extravasation management: clinical update." Semin Oncol Nurs. 27(1):82-90.
- Kim, J.T., J.Y. Park, H.J. Lee et al. 2020. "Guidelines for the management of extravasation." J Educ Eval Health Prof . 17:21.

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