

## Bristol Haematology and Oncology Centre Cytotoxic Drug Extravasation Form

Hospital Number:-

Surname:-

Forename(s):-

Date of Birth:-

Gender: - Male / Female

Ward / Clinic: - .....

Chemotherapy Regimen:-.....

Sequence of drugs administered:- .....

Drug causing extravasation:-.....

Date of extravasation: - ..... Time of extravasation: - .....

Cannula /CVAD (Central Venous Access Device) e.g. insyte 24g, groshong 4Fr used: .....

Number of attempts cannulating & positions:- .....

Was a pump being used? Yes / No Type:-.....

Signs and symptoms to alert you to a possible extravasation: - Yes / No

a) Did the patient complain of :-

- |                       |          |
|-----------------------|----------|
| • Burning             | Yes / No |
| • Stinging            | Yes / No |
| • Other acute changes | Yes / No |

b) Was the injection / infusion site:-

- |             |          |
|-------------|----------|
| • Indurated | Yes / No |
| • Swollen   | Yes / No |
| • Red       | Yes / No |
| • Blistered | Yes / No |

c) Was there:-

- |  |          |
|--|----------|
| • Blood return                               | Yes / No |
| • Resistance on the plunger of bolus syringe | Yes / No |
| • Absence of free flow of infusion           | Yes / No |

Method of administration: - Bolus ☐ Fast running drip ☐ Infusion ☐ Ambulatory ☐

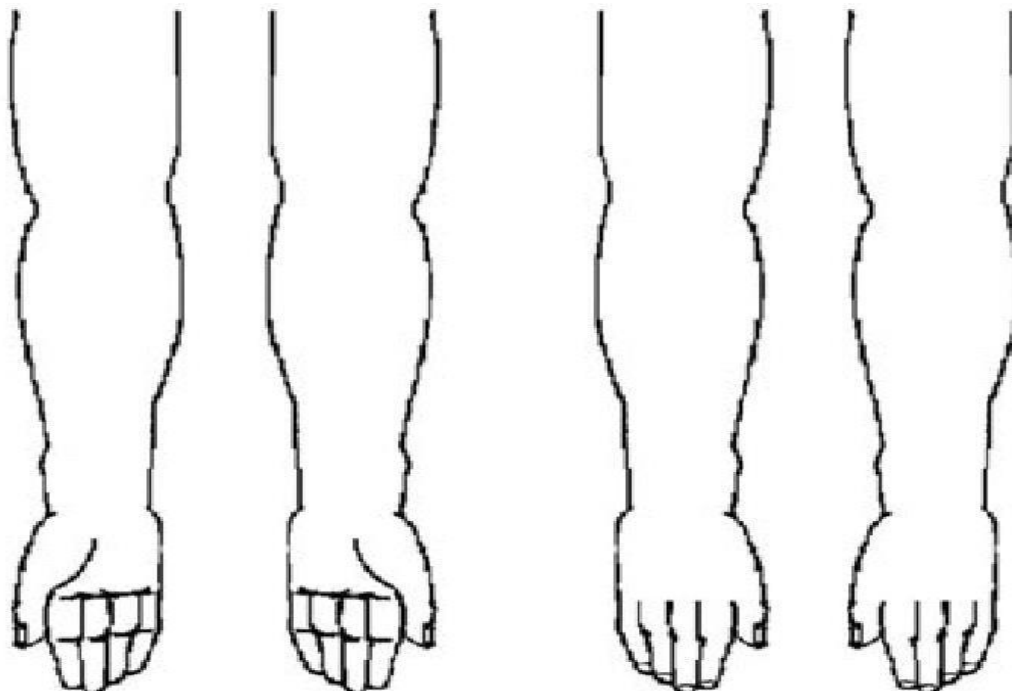
How much of the drug had been given:.....

Estimate how much had extravasated:.....

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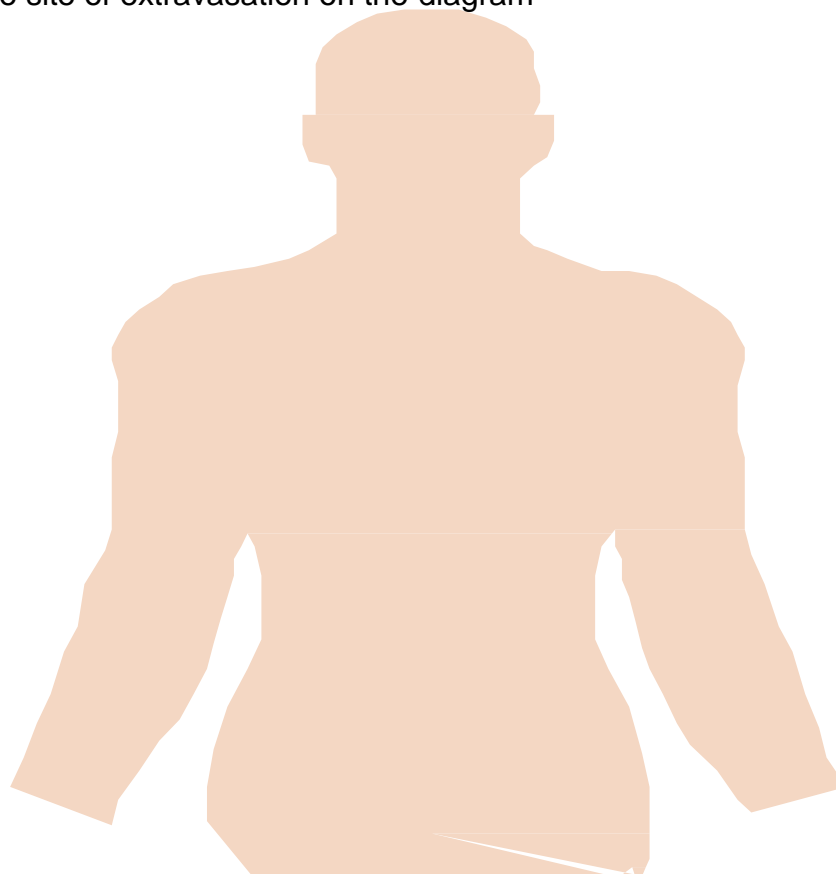
**Peripheral**

Extravasation site – Please indicate site of extravasation on the appropriate diagram below.



**Central Venous Access Device** ( PICC,skin tunnelled line, port)

Please indicate the site of extravasation on the diagram



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Nursing Management	Completed	Reason for not completing	Date & time	Nurse signature
Stop the infusion. Withdraw as much drug as possible.	Yes / No			
Mark area of skin with indelible pen.	Yes / No			
Remove the device where appropriate. ( <b>Do not remove CVAD</b> )	Yes / No			
Flow diagram number followed	Yes / No			
Elevate the limb	Yes / No			
Inform patients' oncology / haematology Consultant / SpR for assessment & consideration of referral to plastic surgeon.	Yes / No			
Implement any further medical treatment prescribed	Yes / No	If yes give details:-		
Has a photograph been taken	Yes / No			
Patient Information leaflet given to patient ( <i>STATE VERSION</i> )	Yes / No Leaflet Code:- -----			
Arrange appointment for patient to return the next day for assessment	Yes / No			
Continuing home care equipment given to patient if required, according to appropriate flow-diagram	Yes / No			
St. Chad's green card completed and posted	Yes / No			
Complete UBHT/BHOC Clinical Incident form	Yes / No			
Photocopy of this form sent to Lead Chemotherapy Nurse, LG1 for BHOC records	Yes / No			
File this original form in patient's medical notes	Yes / No			
Ensure replacement new Extravasation Blue box in place	Yes / No			
Used Extravasation Blue box returned to Pharmacy Dispensary (x 22053, to arrange collection of used box)	Yes / No			

**PRINT NAME:** ..... **Signature:** ..... **Date:** .....

## Bristol Haematology and Oncology Centre Cytotoxic Drug Extravasation Form

Follow up Flow Chart for Suspected Extravasation of Vesicant / Exfoliant

Patient Name:			Hospital Number:			Ward / Unit			
Date and time of Extravasation:			Name of Drug Extravasated:						
Follow up (To score, refer to grading scale below)									
Day	1	3	5	7	14	21*	28*	35*	42*
Date									
Call / Visit									
Skin Colour									
Skin Temperature									
Skin Integrity									
Oedema									
Mobility									
Pain									
Fever									
Nurse Initials									
*May be omitted if signs and symptoms of extravasation resolved									
Grading Scale	0	1	2	3	4				
Skin Colour	Normal	Pink	Red	Blanched area surrounded by red	Blackened				
Skin integrity	Unbroken	Blistered	Superficial skin loss	Tissue loss & exposed sub cut tissue	Tissue loss & exposed bone/muscle with necrosis crater				
Skin Temp	Normal	Warm	Hot						
Oedema	Absent	Non-pitting	Pitting						
Mobility	Full	Slightly limited	Very limited	Immobile					
Pain	Grade using a scale of 0-10; where 0 = no pain and 10 = worst pain								
Fever	Normal	Elevated							