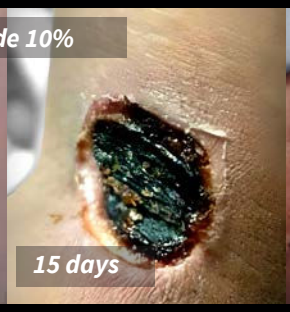
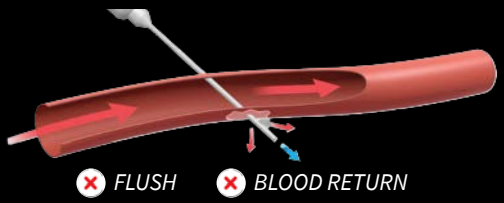
# DON'T TRUST THE FLUSH



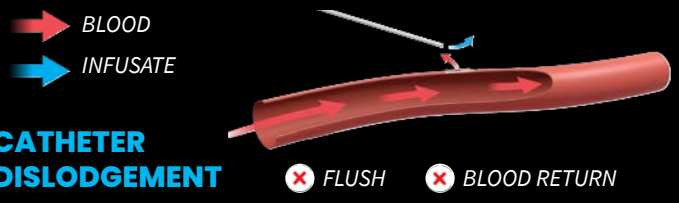
## IV THERAPY DANGERS

**MEDICATION DOSING ERRORS**
**SKIN NECROSIS**
**SKIN STAINING**
**NERVE DAMAGE**
**AMPUTATION**

### CATHETER PUNCTURE THROUGH OPPOSING VEIN WALL

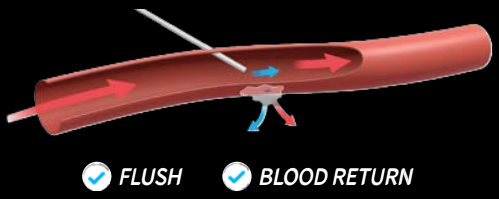



**This is what people think of when they hear the term infiltration.**
The catheter has punctured through the opposing vein wall, causing fluid to infuse directly into the subcutaneous tissue. This infiltration will develop physical symptoms and there will be no blood return or ability to flush.



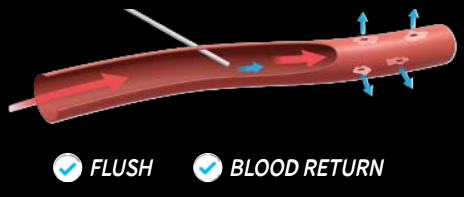

### CATHETER DISLODGEMENT

**This infiltration is when the catheter backs out of the vein.**
This results in a rapid onset of symptoms as the infusing fluid or medication is leaking into the patient's subcutaneous tissue. Sometimes this is caused by an incorrectly sized catheter. The clinician will have no blood return or ability to flush.



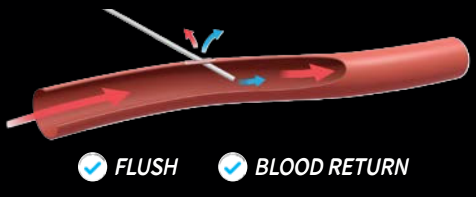

### LEAKING THROUGH OPPOSING VEIN WALL

**This infiltration could be from how the IV was placed or if the patient has had multiple sticks.**
The catheter has punctured through the opposing vein wall resulting in infusing fluid going directly into the patient's subcutaneous tissue. The clinician will have a good blood return and flush in this type of infiltration.




### INCREASED VEIN POROSITY

**This infiltration is when there is damage to the vein wall, which can happen with certain medications.**
The increased space between cells in the vein wall can allow fluid to leak out and pool in the surrounding tissue. This provides a challenge to the clinician because the fluid leakage is partial and symptoms can develop more slowly. Since the catheter is still secured inside of the vein, flushing with normal saline or drawing for blood return will likely still be normal.




### LEAKING THROUGH INSERTION SITE

**This infiltration is when fluid leaks at the insertion site of the catheter, causing it to pool in the surrounding tissue.**
This can be from an obstruction or constriction in the vein, or veins becoming more fragile over time. These result in slower infiltration rates and the clinician may be able to get a blood return and flush.

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