IV INFILTRATION & EXTRAVASATION REPORT FORM

Patient Information

Patient Name: _____ MRN #: _____

Unit/Room: _____ VAT RN: _____

Bedside RN: _____ Charge RN / Unit Leader: _____

PIVIE Information

Date of PIVIE Event: _____ Time of PIVIE Event: _____

PIVIE Site Location: _____ Catheter Size & Length: _____

Date Catheter Inserted: _____ PIVIE: Yes ☐ No ☐

PIVIE Site Assessment (check all that apply)

IEGS % Grade 1 ☐ Grade 3 ☐ Grade 2 ☐ Grade 4 ☐

Skin Discoloration Yes ☐ No ☐

☐ Blanching ☐ Erythema ☐ Cyanosis ☐ Other (explain) _____

☐ Bruising ☐ Mottled ☐ Pallor

Drainage Yes ☐ No ☐

☐ Leaking from insertion site ☐ Blistering ☐ Other (explain)

Edema Yes ☐ No ☐

Circulation Yes ☐ No ☐

Pulses
☐ Normal for patient ☐ Decreased ☐ Absent

Capillary refill
☐ Normal for patient ☐ Prolonged

Pain Yes ☐ No ☐ ☐ Unable to assess (due to age, development level, level of consciousness, etc.)

Movement ☐ Normal for patient ☐ Decreased ☐ Absent ☐ Unable to assess (due to age, development level, level of consciousness, etc.)

Sensation ☐ Normal for patient ☐ Decreased ☐ Absent ☐ Unable to assess (due to age, development level, level of consciousness, etc.)

Contributing Factors Yes ☐ No ☐

☐ Generalized edema ☐ Sedated or under anasthesia ☐ Excessive patient movement ☐ Age/Development level ☐ IV board in use ☐ Tape secured too tight ☐ Recent transfer to/from OR, ED, other

Infusate (includes all medications administered in the previous hour)

☐ Red ☐ Yellow ☐ Green ☐ Unlisted ☐ Fluids only (no medication, without potassium additive)

List Infusate(s) _____

Provider notified _____

Treatment

☐ Cold compress ☐ Warm compress ☐ Hyaluronidase ☐ Elevation ☐ Antidote ☐ Phentolamine ☐ Referral(s) ☐ Plastic Surgery ☐ Orthopedic Surgery ☐ Other (explain) _____

ivWatch

ivWatch used Yes ☐ No ☐ Was monitoring started on a fresh cannula? Yes ☐ No ☐

Follow Up

24 hrs, Day 3, Day 7 and weekly re-check Yes ☐ No ☐ Other (explain) _____

Instructed bedside RN to complete safety Report? Yes ☐ No ☐

Notes _____