



Extravasation Injury [Peripheral Cannulation] CoMET Guideline

This guideline is for use by healthcare staff, at CoMET undertaking critical care retrieval, transport and stabilisation of children, and young adults.

CoMET is a Paediatric Critical Care Transport service and is hosted by the University Hospitals of Leicester NHS trust working in partnership with the Nottingham University Hospitals NHS Trust.

The guidance supports decision making by individual healthcare professionals and to make decisions in the best interest of the individual patient.

This guideline represents the view of CoMET, and is produced to be used mainly by healthcare staff working for CoMET, although, professionals, working in similar field will find it useful for easy reference at the bedside.

We are grateful to the many existing paediatric critical care transport services, whose advice and current guidelines have been referred to for preparing this document. Thank You.

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Education and Training

1. Annual Transport team update training days
2. Workshops delivered in Regional Transport Study days/ Outreach

Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Incident reporting	Review related Datix	Abi Hill – Lead Transport Nurse abi.hill@uhl-tr.nhs.uk	Monthly	CoMET Lead Governance Meeting
Documentation Compliance	Documentation Audit	Abi Hill – Lead Transport Nurse abi.hill@uhl-tr.nhs.uk	3 Monthly	CoMET Lead Governance Meeting



Extravasation Injury - Peripheral Cannulation

Signs of significant extravasation

- Blanching ● Swelling ● Cool to touch ● Pain ● Loss of capillary refill ● Blister formation ● Haematoma

STOP INFUSION

- Keep cannula in ● Aspirate as much fluid as possible ● Elevate limb ● Mark and measure
- Administer analgesia ● Inform consultant ● Inform family

RAG rating Extravasation risk for CoMET commonly used drugs (for further guidance see updated CoMET standardised infusions for use on Transport)

Drug	Extravasation Risk
Morphine	LOW
Fentanyl	LOW
Midazolam	LOW
Rocuronium	LOW
Adrenaline	HIGH/VERY HIGH
Noradrenaline	HIGH/VERY HIGH
Milrinone	MODERATE
Vasopressin	HIGH/VERY HIGH
Dinoprostin	HIGH
Insulin	LOW
≥10% Dextrose	HIGH
Solutions with pH <5 or pH >9 (many commonly used drugs)	HIGH

Extravasation Packs

Ask if the receiving centre is able to use an extravasation pack to treat wound site, inform them that hyaluronidase **CANNOT** be used with **INOTROPE EXTRAVASATION**. If no pack available, consider an urgent plastics team review at receiving centre.

At Receiving Centre

- Inform staff ● Inform Family ● Ask staff for photographs to be taken ● Consider plastics team review
- Consider use of extravasation pack (if not already used)

Documentation

- Drug name, dose and concentration
 - Location of venous access
 - Amount of drug infused
- Method of administration (bolus or infusion)
 - Time discovered
- Extravasation site, size, colour and description of skin
- That you asked for photographs and plastics team to review
- What interventions were given to the patient at the time and what decisions were made?

CoMET Team Follow Up

- Complete an incident form (if UHL, DATIX)
- Contact the receiving centre the next day
- Ask about what treatment was given to the patient
- Inform Consultant



Version	Issue Date	Author(s)	Description
3	August 2023	Marguerite Solanki Rebecca Etherington	General formatting altered, high and low risk infusates boxes changed to RAG rating, extravasation box added