



# Safety Alert

## Nursing Intravenous (IV) Care & Monitoring

### “Sharing Lessons Learned”

There have been a couple of reported incidents in the Hospital’s Safety Reporting System (SRS) related to mismanagement in *Peripheral IV Care & Monitoring*, which led to severe permanent cosmetic harm injuries.



#### IMPORTANT SAFETY REMINDERS ON PERIPHERAL IV THERAPY:

- Regular assessment & vigilant monitoring of the IV site for signs & symptoms of complications, such as:

*Infiltration, Extravasation, Phlebitis*

- Thorough documentation of the IV location & condition of site, and any complications.

*Remember: Not documented, Not done.*

- Patients with continuous infusions must have their IV site assessed hourly (*or more frequently, as needed*).
- Never administer IV medications without prior checking patency of the IV.
- Adult & Pediatric IV lines not in regular use must be considered for removal or flushed every 8 and 12 hours.

STOP

#### IF EXTRAVASATION IS SUSPECTED:

- STOP the injection immediately, but leave the cannula in place.
- Aspirate as much fluid as possible through the cannula, try to draw back about 3-5 ml of blood.
- Inform Physician.
- Do not apply pressure to the area or moist/alcohol compresses.
- Remove the cannula and elevate the affected area.
- Identify the suspected agent, **Cytotoxic or Non-Cytotoxic** and manage patient according to guidelines respectively.
- Report the incident in the SRS.

**Your Compliance with the following IPPs is highly appreciated:**

CIPP-3759: Extravasation Management (Non-Cytotoxic Medications)

CIPP-3747: Cytotoxic Agent Extravasation Management

CIPP-3782: Management of Peripheral Cannula



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