

Reducing Harm from Extravasation Injuries

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& co . . .

Problem

- In 2013 35 extravasation injuries
- Court proceedings - payouts of £170 000
- Impact on patient, family and staff involved

Defining the problem

- Baseline & ongoing data (*aka audit!*)
- Process mapping
- MDT problem:
 - Lines inserted in multiple venues
 - Dressing use varied (theatres changed after feedback)



Extravasation Audit

Extravasation injury data collection proforma

Date and time of injury:

Date of cannula insertion:

Where was cannula inserted (e.g. ward, theatre etc.):

Cannula site (anatomical location):

Cannula dressing (e.g. IV 3000):

Bandage in situ at time of extravasation injury: YES/NO

If yes was there a 'window' to visualise insertion site? YES/NO

Insertion site easily visible through dressing: YES/NO

Paediatric Extravasation and Phlebitis (PEP) score chart accurately completed: YES/NO
(Please attach a photocopy of the PEP chart to this form)

Drug being infused at time of extravasation injury:

High risk injury (see extravasation guideline): YES/NO

Infusion stopped: YES/NO

Cannula left in situ: YES/NO

Time doctor called:

Time doctor arrived:

Wound photographed: YES/NO

Hyaluronidase administered and washout performed: YES/NO

Parent/carer informed: YES/NO

Incident form completed: YES/NO

Senior doctor (SpR or consultant) informed: YES/NO

Plastic surgery team informed at time of injury: YES/NO

Affix patient label here

- Compliance with UHS Paediatric Extravasation Guidance and UHS Peripheral Cannulation Policy

Measures

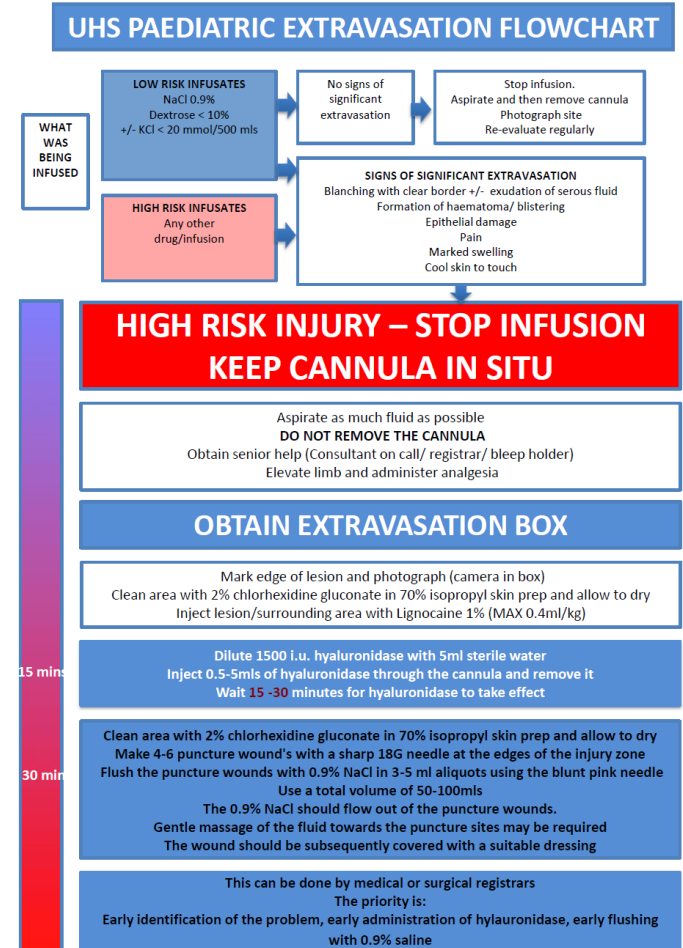
- **Process**

- Extravasation injuries

- Observation only
- Required irrigation
- Compliance with escalation and management policy
- Documentation

- **Outcome**

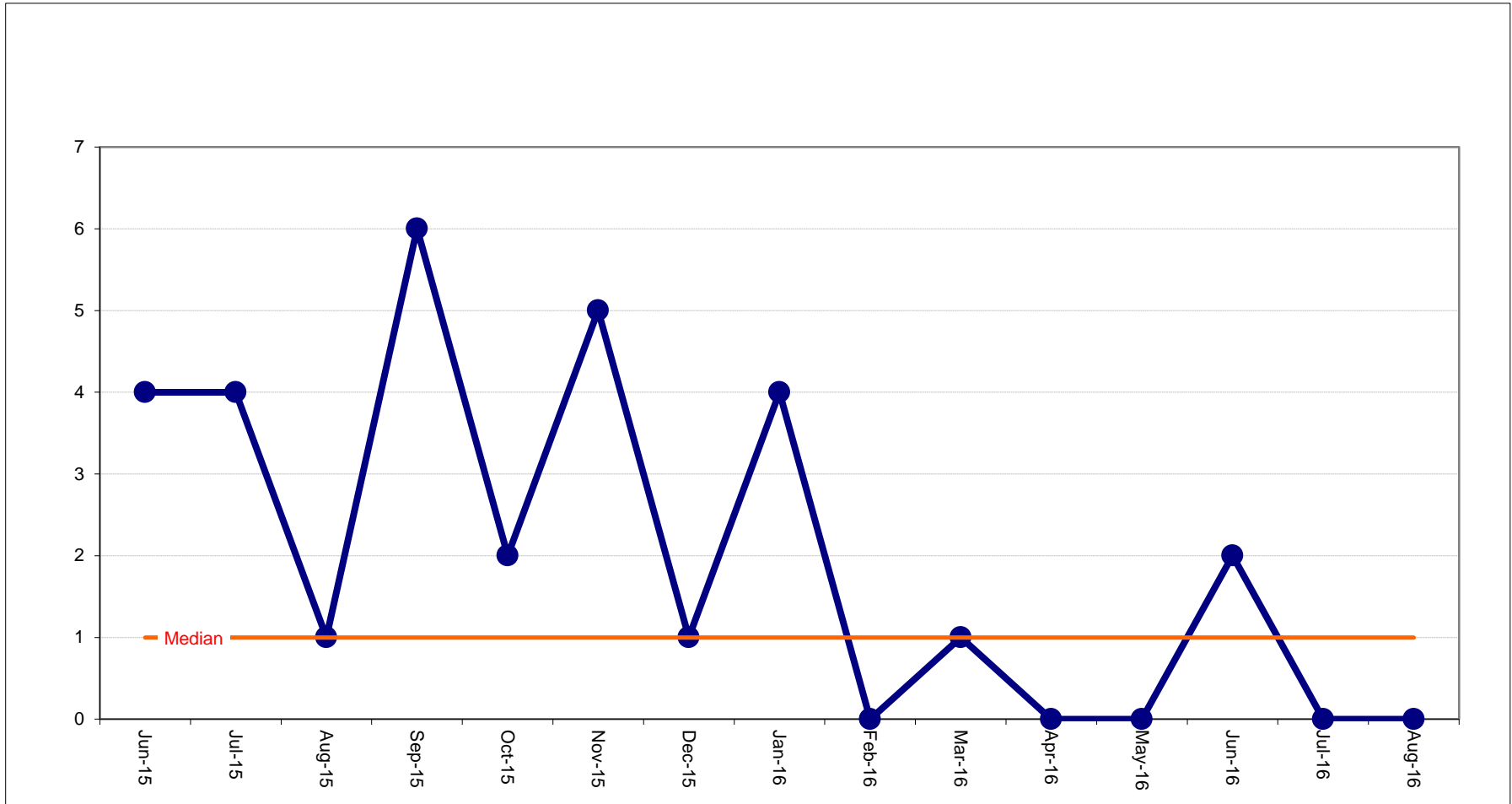
- Plastic surgery involvement
- Payouts



Solutions

- MDT approach: inserting, caring, using and medications all contribute
- Different staff groups – theatres, wards, ED
- **Education, education, education**
 - Standardised process – protocol for management
 - Whole process: patient/case based
 - mandatory training days,
 - doctors inductions,
 - simulations (recognition and escalation) etc
 - top tips

Run Chart – Total number of Extravasation Injuries since June 2015



Summary

Year	Number of extravasations
2013	35
2014	36
2015	32
January – Beginning of Sept 2016	7

Further data

- No cases where plastic surgery intervention required
- All parents/carers informed and Duty of Candour completed where required



Ongoing Learning

- High risk drugs – acyclovir. How to 'be alert'
- Documentation of PEP and cannula insertion
- Night time PEP vital – 2015 audit showed majority occurred OOH, in 2016 6/7 OOH
- Timings of escalation
- **Continued programme of education essential**

Key Messages

- Success achieved through:
 - Multi-disciplinary approach
 - Education, education, education – adapted to requirements of particular group
 - Ensuring continued awareness
- Utilising a similar approach for improvement in other areas

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Thank you

- Any questions?

