



The potential complications of infiltration and extravasation are common in this population. Consequences of infiltration and extravasation may be prevented or mitigated by early detection and prompt treatment” Desarno et al (2018).

Abstract:

The vast majority of infants in the NICU receive peripheral intravenous (PIV) therapy for administration of fluids, nutrition, medications, and blood products. The potential complications of infiltration and extravasation are common in this population. Consequences of infiltration and extravasation may be prevented or mitigated by early detection and prompt treatment. In addition, innovative therapies for wound care are constantly evolving. In order to improve outcomes, a practice guideline for intravenous (IV) infiltration prevention, management, and treatment is presented based on literature review and consultation with wound care experts. The guideline includes preventive measures, standardized IV assessment, staging, an algorithm outlining injury, and wound care recommendations.

You may also be interested in...

- Identifying the incidence of infiltration and extravasation in newborns
- Extravasation treatment with multiple stab incisions and drainage
- Extravasation injury identification and early recognition

Reference:

Desarno, J., Sandate, I., Green, K. and Chavez, P. (2018) When in Doubt, Pull the Catheter Out: Implementation of an Evidence-Based Protocol in the Prevention and Management of Peripheral Intravenous Infiltration/Extravasation in Neonates. Neonatal Network. 37(6), p.372-377.

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