

Venous Infusion Extravasation Risk

This is an estimate of risk for phlebitis or local tissue injury due to extravasation from any intravenous infusion device. Risk derived from available evidence, CCHMC data and CCHMC expert opinion, subject to review and change as further evidence becomes available. This does not apply in situations of emergency medical treatment.

Any change requests to this medication list should be directed to RYG@cchmc.org and approved by P&T committee.

Red

Higher Risk

Acyclovir
Amiodarone
Caffeine Citrate
Calcium (all salt forms)
Dextrose > 12.5%
Doxycycline
Esmolol
Mannitol 20% & 25%
Potassium >60 mEq/L
Promethazine
Sodium bicarbonate $\geq 3\%$
Sodium chloride $\geq 3\%$
TPN > 950 mOsm/L
Chemotherapy Drugs (Extravasation Treatment: Refer to policy P&T II-113)

Vasoactive Medications:
Dopamine
Dobutamine
Epinephrine
Norepinephrine
Phenylephrine
Terlipressin
Vasopressin

Yellow

Intermediate Risk

Acetazolamide
Allopurinol
Amikacin
Amphotericin B (conventional)
Arginine
Ciprofloxacin
Dextrose 10% to $\leq 12.5\%$
Diazepam
Erythromycin
Ganciclovir
Lorazepam
Midazolam
Morphine
Ondansetron
Nafcillin
Iodine based (CT) Radiology Contrast
Phenobarbital
Phenytoin
Potassium ≤ 60 mEq/L
Propofol
TPN ≤ 950 mOsm/L
Vancomycin

Green

Lower Risk

Any medication not listed as **Red** or **Yellow** should be considered **Green**.

NOTE:

No intravenous infusate is “safe”.
Gross extravasation, even of normal saline, may result in serious harm including compartment syndrome, causing ischemia and loss of tissue or permanent loss of limb function.