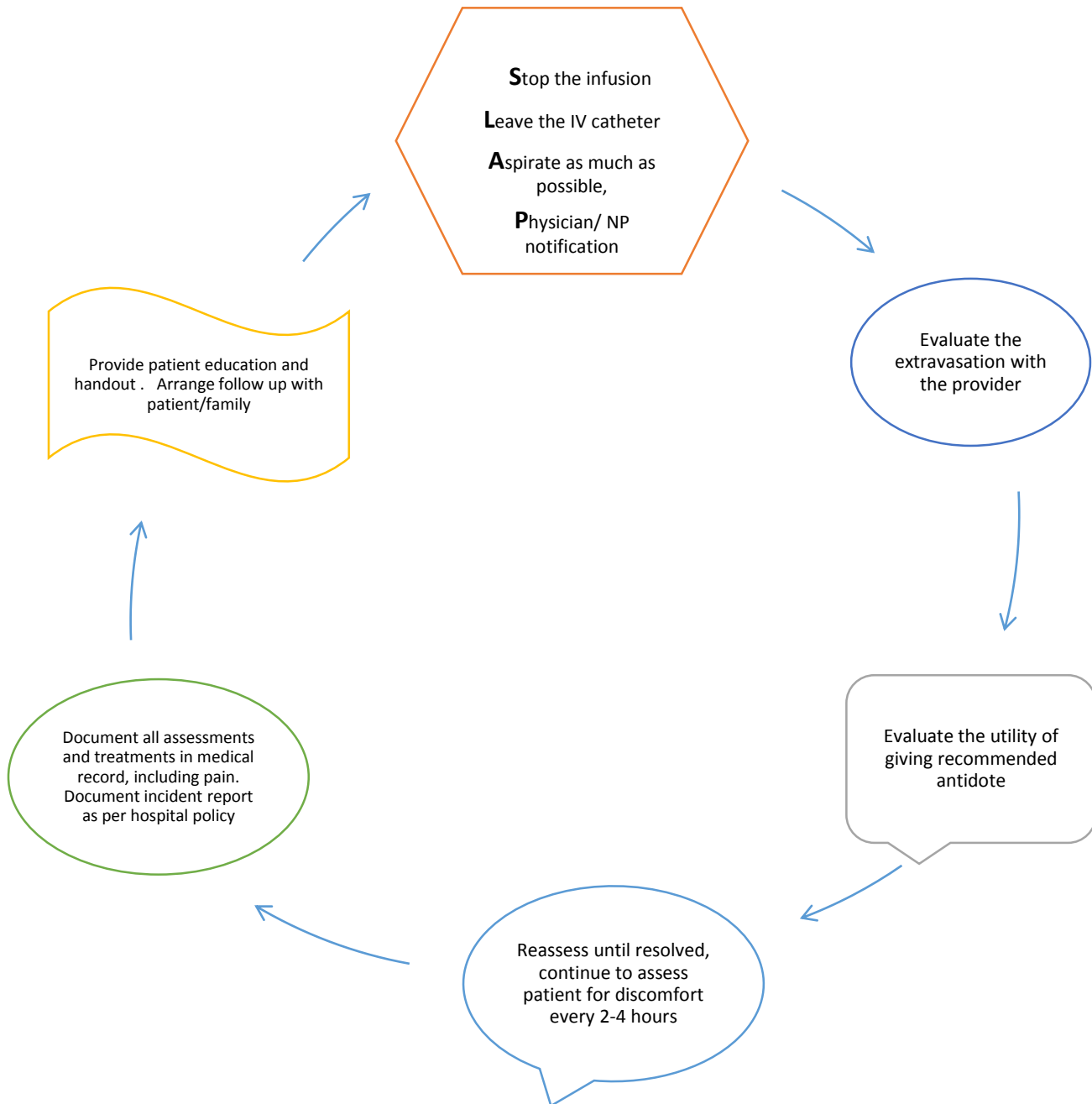


## Extravasation Flow Chart



Patient Name: \_\_\_\_\_

PIN #: \_\_\_\_\_

Body site: \_\_\_\_\_

Drug Extravasted: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Called: Y/ N

Pain: \_\_\_\_\_

Color of Skin: \_\_\_\_\_

Skin temp: \_\_\_\_\_

Swelling: \_\_\_\_\_