

## IV Complications and Management

Problem	Prevention	Signs	Management
hematoma	pressure to site know patient history	rapid bruising with increasing size pain	direct pressure elevation ice
Infiltration/ extravasation	avoid joints, hands, fingers prevent flexion or rotation of cannula tip common vesicants: Valium, Nafcillin, Clindamycin Cefotaxime, AmphoB Dopamine, Vincristine, KCl, CaCl, Phenergan, Dilantin	swelling pallor coolness discomfort sluggish flow	stop & d/c IV warm packs elevation monitor site frequently check pulse check capillary refill counteract drug
phlebitis	use smallest catheter dilute irritating meds slow infusion rates, if possible	redness. Warmth pain hard/ropey to touch	stop & d/c IV warm packs counteract drug
infection	Handwashing!!!! Sterility of equipment strict adherence to technique	redness, swelling warmth, fever, chills pain at site exudate	stop infusion notify MD cultures as ordered Rx as prescribed monitor vital signs
pulmonary embolus air embolus	monitor infusion use filters when indicated tight tubing connections	sudden chest pain SOB/cough tachycardia decreased BP cardiac arrhythmias dyspnea, cyanosis	911/MD ABCs / O2/ pO2 Lt. trendelenburg cardiac monitoring supportive
catheter embolism	check integrity of catheter never reinsert stylet	<i>same as above</i>	<i>same as above</i>
circulatory overload	monitor infusion rates document I/Os	elevated BP SOB bounding pulse anxiety	911 / MD ABCs / O2/ pO2 Rx per policy/MD HOB up Dangle extremities supportive
catheter occlusion	flushing per P/P positive pressure with flushes tubing free of kinks, loose connections	resistance met w/IVP meds or flushing won't aspirate	check tubing reposition fibrinolytics/gentle flush removal/resite
allergic reactions	know allergy history 5 rights continuous monitoring for 15 min. w/adm. new drugs review allergy history w/patient	rash, itching, hives wheezing, SOB sudden fever	STOP INFUSION Do not D/C IV. benadryl, epi, per policy notify MD/911 ABCs / O2/ pO2 supportive

### General prevention of complications:

handwashing, monitor IVF/site, resite q 72 hr. injection caps changed q 72 hr.  
flush before and after meds, know drug incompatibilities, dilute meds  
SASH, change bags before empty, label all tubing, DOCUMENTATION  
**KNOW YOUR FACILITY'S POLICIES AND PROCEDURES !**

## QUICK ASSESSMENT GUIDE FOR FLUID IMBALANCE

SYSTEM	FLUID VOLUME EXCESS	FLUID VOLUME DEFICIT
Neurologic		change in orientation confusion
Cardiovascular	bounding pulse increased pulse rate jugular distention overdistended hand veins, slow to empty < 3 seconds	increased pulse rate ?maybe decreased blood pressure narrow pulse pressure slow hand vein filling > 3 seconds
Respiratory	moist crackles resp. rate > 20 dyspnea pulmonary edema	lungs clear
Integumentary	warm, moist skin fingerprinting over sternum	decreased turgor over sternum & forehead
Eyes	periorbital edema (suggests significant fluid retention)	dry conjunctiva sunken eyes decreased tearing
Mouth		sticky, dry mucosa
Lips		dry, cracked
Tongue		extralongitudinal furrows
Body Weight	mild:< 5% over normal moderate:5-10% over normal severe:>15% over normal	mild:<5%less than normal moderate:5-10% less than normal severe: >15% less than normal