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**High - Risk for Extravasation (HRFE) Medications IV Assessment**

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Date &amp; Time:

IV / Drug Name:

- Regulator     IV Infusion Pump     Gravity     IV Push     Dialysis Catheter  
Site         Peripheral     Central Line     PICC  
Angio Size    14G    16G    18G    20G    22G    24G    UFr5    UFr3.5    UFr2.5  
Location     L Hand    L Wrist    LFA    LAC  
               R Hand    R Wrist    RFA    RAC  
               Central Lines \_\_\_\_\_  
               Distal Port     Medial Port     Proximal Port  
Site Condition     Normal-soft, patent, no redness, swelling, or pain  
                       Redness    Pain    Swelling    Blistering  
                       Other (Specify) \_\_\_\_\_
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PATIENT ID LABEL

GMHA FORM #99049013

Approved: Nursing 2013/ IMED Feb2014/ MEC Apr2014/ HIMC Apr2014

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