

OPERATIONAL DEFINITION

MEASUREMENT: Peripheral Intravenous Infiltration and Extravasations (PIVIEs)

I. Description and Rationale

This measure answers the question: How often do patients experience peripheral intravenous infiltrations and extravasations (PIVIEs) and how often do PIVIEs cause serious harm?

The Infusion Nurses Society (INS)¹ will serve as the guide for defining peripheral intravenous infiltrations and extravasations. Each SPS hospital will identify local subject matter experts responsible for classifying injury severity and identifying PIVIEs with Serious Harm based on criteria noted in this document.

II. Population Definition

The patient population for this measure is defined per the [inpatient population operational definition](#).

Inclusion criteria

- Patients with short PIVC, long PIVC or midline catheters

Exclusion criteria

- Patients with a PIVIE injury present on admission
- Patients with wounds from devices (e.g., pressure injury caused by catheter hub)
- Patients with vascular access devices that terminate in a great vessel
- Patients with saline or heparin-locked PIV device NOT receiving either fluids or medications

III. Definitions

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Peripheral IV catheters (PIVCs) are inserted into and reside in veins of the periphery that includes all extremities, the external jugular vein, and scalp veins in neonates. PIVCs are inserted into superficial veins located just under the skin in the superficial tissue, as well as deep veins located under the muscle tissue.²

- Short peripheral intravenous catheter (short PIVC): An over-the-needle catheter with a hollow metal stylet (needle) positioned inside the catheter, generally inserted in superficial veins
- Long peripheral intravenous catheter (long PIVC): Inserted in either superficial or deep peripheral veins and offers an option when a short PIVC is not long enough to adequately cannulate the available vein. A long PIVC can be inserted via traditional over-the-needle technique or with more advanced procedures, such as Seldinger and accelerated Seldinger techniques.

¹ Gorski LA, Hadaway L, Hagle ME, et al. Infusion therapy standards of practice. J Infus Nurs. 2021;44(suppl 1):S1-S224. doi:10.1097/NAN.0000000000000396

- **Midline catheter:** Inserted into a peripheral vein of the upper arm via the basilica, cephalic, or brachial vein with the terminal tip located at the level of the axilla in children and adults; for neonates, in addition to arm veins, midline catheters may be inserted via a scalp vein with a distal tip located in the jugular vein above the clavicle or in the lower extremity with the distal tip located below the inguinal crease.

Vascular access devices that terminate in a great vessel:

- Central venous catheters (refer to the [NHSN central line-associated bloodstream infection \(CLABSI\) list](#) of great vessels): aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, and common femoral veins.)
- Umbilical artery/vein catheters
- Peripherally inserted central catheters (PICC)

An **infiltration** is defined as the inadvertent administration of a non-vesicant solution or medication into surrounding tissue.

An **extravasation** is defined as the inadvertent administration of vesicant solution or medication into surrounding tissue.

IV. Measures & Calculation

All PIVIEs Measure

Any PIV within the inclusion population that experiences an infiltration or extravasation, regardless of the extent of harm severity

All PIVIEs Calculation:

Numerator: Total number of PIVIEs

Denominator: Total number of patient days

Total number of PIVIE injuries per 1000 patient days

$$\frac{\text{Total number of PIVIEs}}{\text{Total number of patient days}} * 1000$$

PIVIEs with Serious Harm Measure

*A PIVIE that results in significant harm to the patient by causing temporary or permanent impairment, disfigurement, loss/reduction of function or loss of limb. **POSSIBLE** outcomes of a PIVIE with Serious Harm **MAY** include, **BUT ARE NOT LIMITED TO:***

- Fasciotomy
- Skin graft or tissue transfer
- Amputation
- Surgical debridement

PIVIEs with Serious Harm Calculation:

Numerator: Number of PIVIEs with Serious Harm

Denominator: Total number of patient days

Number of PIVIEs with Serious Harm per 1000 patient days

$$\frac{\text{Total number of PIVIEs with Serious Harm}}{\text{Total number of patient days}} * 1000$$

Note re: Reporting: PIVIEs with Serious Harm are a subset of All PIVIEs. If a PIVIE is identified and reported in the All PIVIEs measure but later progresses to one with serious harm, the PIVIE would be reported in both the All PIVIEs and PIVIEs with Serious Harm categories and attributed to the month that the injury initially occurred.

V. Data Source(s)

Each hospital will collect data using methods they believe will capture the vast majority of PIVIEs. Possible collection methods include:

- Electronic Health Record (EHR): An EHR (e.g., EPIC) generates an automatic notification or report whenever a PIV injury is entered
- Safety Incident Reporting: Bedside RN inputs the PIV injury into the institutional safety incident reporting system
- Other methods identified by local leadership as reliable sources of data collection

Each hospital will identify local subject matter experts responsible for classifying PIVIEs with Serious Harm based on criteria noted in this document.

VI. Sampling and Data Collection Plan

PIVIE injuries are assigned to the month the PIVIE event occurred.

VII. Data Quality Audit Procedures

Hospitals should develop their own procedures for assuring data quality and adopt SPS best practices as they become available.

VIII. Notes

N/A

IX. Experts/Resources

- Gorski LA, Hadaway L, Hagle ME, et al. Infusion therapy standards of practice. J Infus Nurs. 2021;44(suppl 1):S1-S224. doi:10.1097/NAN.0000000000000396
- NDNQI Staff, "Guidelines for Data Collection and Submission on Peripheral Intravenous (PIV) Infiltration Indicator," NDNQI, p. 2, June 2014.
- NDNQI Staff, "Guidelines for Data Collection and Submission on Peripheral Intravenous (PIV) Infiltration Indicator," NDNQI, pp. 5-6, June 2014.
- Wound Care Centers, "www.woundcarecenters.org," Home | Articles | Wound Types | Partial Thickness Burns, [Online]. Available: <http://www.woundcarecenters.org/article/wound-types/partial-thickness-burns>. [Accessed 15 October 2014].

X. Attachments

Appendix A – Measurement Based Assessment Tools

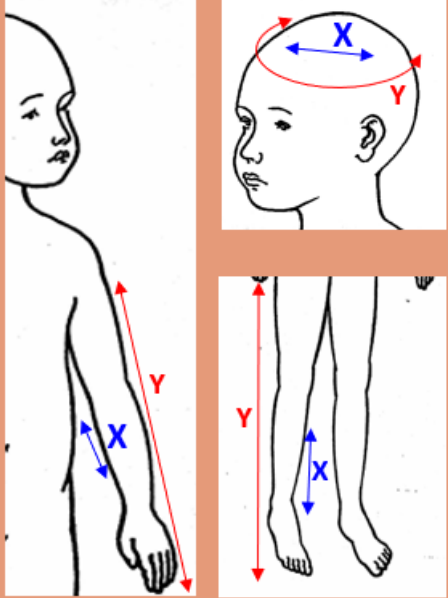
XI. Revision History

| Version | Primary Author(s) | Description of Version | Date Completed |
|-----------|------------------------------|---|----------------|
| Version A | Karen Zieker | New HAC definition | Sep 15, 2014 |
| Version B | Co-Leaders | <ul style="list-style-type: none"> Denominator will be patient days Clarified injuries definitions in Appendix A | Oct 15, 2014 |
| Version C | Co-Leaders | Changed: IV added clarity that the injury is recorded when the event is identified Appendix A | Oct 20, 2014 |
| Version D | Co-Leaders | Appendix A clarifications | Oct 27, 2014 |
| Version E | Co-leaders | Appendix A clarifications regarding moderate swelling | Nov 14, 2014 |
| Version F | Co-leaders | Appendix A clarification that meeting any will trigger of the event Section I. added PIV description and locations Added 'References' section | Dec 01, 2014 |
| Version G | Co-leaders | Appendix A – changed swelling calculation for severe > 60% and moderate to | Dec 10, 2014 |
| Version H | Co-leaders, Measurement Team | Section I, exclusions– removed “within the past hour” from the saline/heparin exclusion | Dec 15, 2014 |
| Version I | Co-leaders | Section I, exclusions: Wounds from devices relating pressure ulcers | Dec 17, 2014 |
| Version J | Co-leaders | Excluded scalp site location | Jan 8, 2015 |
| Version K | Co-leaders | Removed “ <i>The skin is moist and painful</i> ” from Appendix A as an attribute of injury | Mar 10, 2015 |
| Version L | Melissa Whitehead | Added minor clarity to the two-limb drawing to measure swelling | May 7, 2015 |
| Version M | Chris Kramer | Added Serious Harm PIVIE as a measured category, removed “discontinued PIVs” | Mar 22, 2017 |
| Version N | Co-leaders | Added collection methods and updated injury categories | Oct 9, 2017 |
| Version O | Co-Leaders | Removed “Cap refill >8 seconds” from Distal Arterial Compromise symptom | Mar 2, 2018 |
| Version P | Mike Adamson; Co-Leaders | Combined two severe categories into one serious category and moved Swelling >60% from severe to moderate. | Jul 29, 2019 |
| Version Q | Mike Adamson; Co-Leaders | Removed list of insertion locations; added link to and list of NHSN great vessels to Section I exclusions; minor wording changes throughout for clarity | Nov 25, 2019 |
| Version R | Aaron Dawson; Co-Leaders | Updated Appendix B with updated diagrams to include the scalp | Jan 28, 2020 |
| Version S | Aaron Dawson; Co-Leaders | Added exclusion: extended dwell catheters | Feb 2, 2021 |

| Version | Primary Author(s) | Description of Version | Date Completed |
|-----------|---|---|----------------|
| | | Serious PIVIE Appendix A clarifications: Removed description of deep partial thickness burns and added a reference; changed "burn" to "tissue injury"; Changed "No Palpable distal pulse" → "No distal pulse by palpation or doppler" | |
| Version T | Katie Staubach; Sarah Gomez; Co-Leaders | Updated definition of PIVC per 2021 INS Standards; removed exclusions: midline catheters & extended dwell catheters; added minor clarity to population exclusion | 6/21/21 |
| Version U | Katie Staubach; Sarah Gomez, Co-Leaders | Retired Moderate & Serious PIVIE measures; Created All PIVIEs & PIVIES with Serious Harm measures with updated measure definitions; Updated Description & Rationale to include INS definition of infiltration & extravasation and definition of new measures; | 12/19/22 |

Appendix A

Measure



Calculate

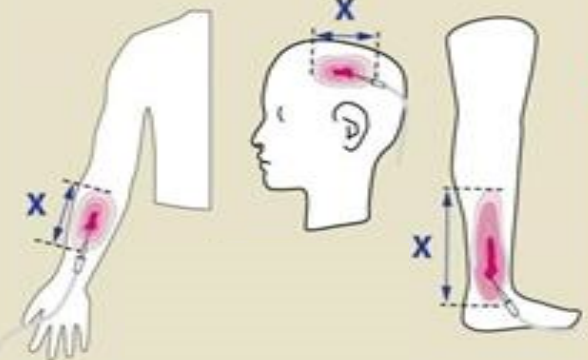
$$\left(\frac{X}{Y}\right) \cdot 100 = \boxed{} \%$$

Notes:

- Define edges of swelling by palpation/ visual observation
 - X** = maximum dimension (length or width) of swelling
 - Y** = tip of longest finger to anterior/ inferior skin fold of axilla with arm as straight as possible or tip of toes to anterior/inferior skin fold of groin with leg and foot as straight as possible. For head use head circumference.
- For rare patients with limb deletions, malformations or contractures, use an estimated length measurement of the extremity.

OR

STEP 1a: Measure Swelling X



Notes:

- Define edges of swelling by palpation/visual observation.
- Measure longest dimension.

STEP 1b: Measure ARM Length Y

Y = Axilla to tip of longest finger

- For **Y** measure arm length regardless of site of extravasation.
- NEVER measure leg or other body part.
- For patients with casts or limb deficiency, consult vascular access team.
- Arm length **Y** is just a convenient way to consistently estimate the patient's size. For **Y** never measure the leg or other body part.

STEP 1c: Calculate

$$\left(\frac{X}{Y}\right) \cdot 100 = \boxed{} \%$$