

HELPFUL HINTS TO MINIMIZE EXTRAVASATION – 203472 Rev. A

Medrad, Inc. as a manufacturer cannot recommend specific procedures for venipuncture in Enhanced Computed Tomography. We offer this compilation of information, obtained from the following physicians*, as suggestions relating to practices which have worked well at their institutions.

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The following are suggested techniques for minimizing extravasation during a CT enhancement procedure:

1. Use a 20 gauge or larger IV catheter over needle (a 22 gauge may be used with slower flow rates).
2. The preferred location for venipuncture is the medially located antecubital vein.
3. Have at least 1/2 inch of the catheter positioned in a good vein with rapid backflow.
4. Tape the catheter securely to avoid catheter movement.

NOTE: A winged catheter over needle allows easy insertion into the vein and secure taping.

5. Use a 60 inch coiled low-pressure tube securely attached to the catheter. The coiled tubing reduces motion effect during table incrementation.
6. Instruct the patient to communicate immediately any pain or change in feeling during the injection.
7. If possible, instruct the patient to put his or her arm vertically above the shoulder with the palm of the hand on the face of the gantry during injection. This allows for uninterrupted passage of injected contrast through the axillary and subclavian veins at the thoracic outlet.
8. A small volume test injection of contrast or saline may be utilized to confirm venous access. A trained professional should remain by the patient during the initial stages of the injection palpating the venous access site to ensure proper placement of the I.V. catheter. If local pain, swelling or signs of extravasation are noted, the injection should be stopped immediately.
9. Central lines and hep-locks should only be used in accordance with hospital policy guidelines.
10. Adhere to all instructions, warnings, and cautions listed for the specific products being used.

*NOTE: The locations indicated for these physicians was their location at the time this information was provided.