

**National Pediatric Nighttime Curriculum  
Q&A for Peripheral IV Infiltrations**

**Questions**

1. The first step in management of an infiltration of a peripheral IV is the following:
  - a. Notify the attending on call
  - b. Raise the affected extremity
  - c. Place a cool compress over the affected area
  - d. Stop the infusion
  - e. Determine if the infusion is a vesicant
  
2. The following clinical criteria are seen in stage 4 infiltrations *except*:
  - a. Edema 2.5 – 15cm
  - b. Moderate pain
  - c. Discolored skin
  - d. Infiltration of a vesicant, irritant or blood products
  - e. Impaired circulation
  
3. The IV should be removed promptly once it has infiltrated with a vesicant.
  - a. True
  - b. False
  
4. The following drug is an FDA approved antidote for anthracycline extravasations
  - a. Hyaluronidase
  - b. Phentolamine
  - c. Dexrazoxane
  - d. Sodium thiosulphate
  - e. Topical glyceryl trinitrate
  
5. Which of the following signs/symptoms is *not* part of the INS Infiltration Scale?
  - a. Skin color
  - b. Edema
  - c. Pain
  - d. Fever
  - e. Skin temperature
  
6. Each of the following drugs is a vesicant *except*:
  - a. Normal saline
  - b. Calcium chloride
  - c. Norepinephrine
  - d. Diazepam
  - e. Vinblastine

## Answers

1. **D.**
2. **A.** Edema needs to be  $> 6$
3. **B.** It needs to be left in place until determined that it's not necessary for antidote administration
4. **C.** The other choices are antidotes for other types of infiltrations. Hyaluronidase is used for vincristine or vinblastine; Phentolamine for vasopressors; Sodium thiosulfate for mustine; Topical glyceryl trinitrate for parenteral nutrition
5. **D.**
6. **A.**