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Royal Cornwall Hospitals NHS Trust

Extravasation of Radiographic Contrast Agents Clinical Guideline

V5.0

May 2022

1. Aim/Purpose of this Guideline

1.1. This protocol applies to clinical staff required to manage the extravasation of contrast agents used during clinical imaging procedures.

1.2. The purpose of this protocol is to authorise appropriately qualified non-medical practitioners to request specified imaging examinations, adhering to the Ionising Radiation Regulations IR(ME)R, MHRA Safety Guidelines for MRI Equipment in Clinical Use and the Royal College of Radiologist Guidelines (i-Refer).

1.3. Referrer: in the context of this protocol the term ‘referrer’ stipulates a health care worker who is authorised to request individuals for imaging procedures within their agreed scope of practice.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

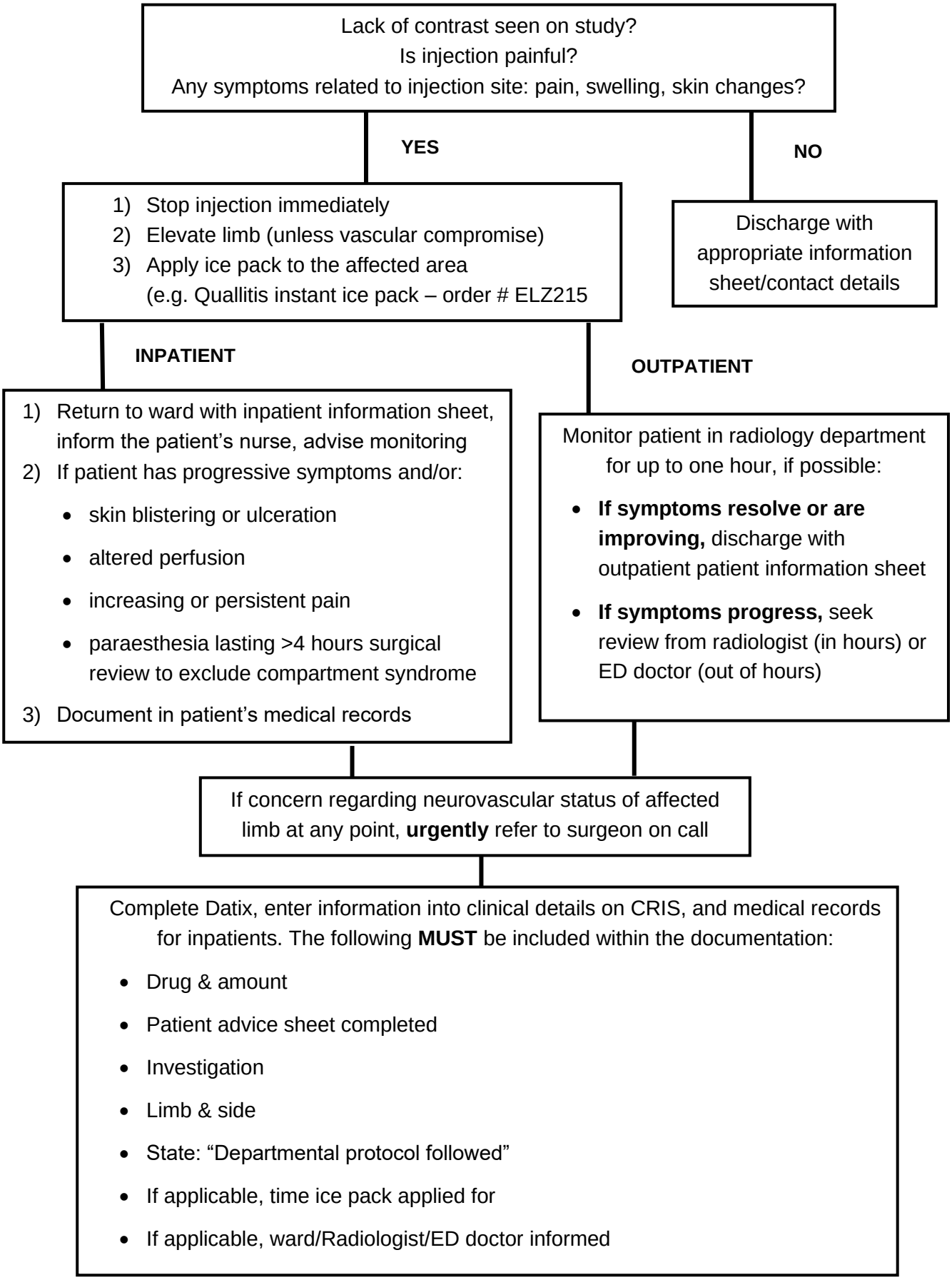
Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1.4. This version supersedes any previous versions of this document.

1. The Guidance: refer to flowchart



2. Monitoring compliance and effectiveness

Clinical staff will audit their practice regularly as part of continual professional development and should be included within annual performance appraisal. Any clinical incident that arises as a result of Extravasation of Radiographic Contrast Agents, will be reported through the Trust Datix system and managed as per Trust policy. On an annual basis the Imaging Department will also audit the practice of the clinical staff against this protocol; any results will be discussed at Clinical Imaging Clinical Governance and shared with the individual or team affected, including their line management.

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The number of extravasations and compliance with the guidance.
Lead	Glenda Shaw, Imaging Quality and Service Improvement Lead.
Tool	Datix and CRIS are used to collate the information.
Frequency	Annual report with monthly monitoring through Datix.
Reporting arrangements	Reported to the Clinical Imaging Audit meeting.
Acting on recommendations and Lead(s)	Actions for service change will be completed by the Quality & Governance Radiographer.
Change in practice and lessons to be shared	Lessons shared through team meetings. Changes in practice will be documented by a revision of this guidance.

3. Equality and Diversity

3.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

3.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Extravasation of Radiographic Contrast Agents Clinical Guideline V5.0
This document replaces (exact title of previous version):	Management of Extravasation of Radiographic Contrast Agents Clinical Guideline V4.0
Date Issued/Approved:	April 2022
Date Valid From:	May 2022
Date Valid To:	May 2025
Directorate/Department responsible (author/owner):	Dr J Looker, Clinical Imaging
Contact details:	01872 252285
Brief summary of contents:	Guidance for the Management of Contrast Extravasation during or following a contrast-enhanced radiological examination
Suggested Keywords:	Extravasation, Contrast, Imaging, X-ray CI.MED.PPG.04
Target Audience:	RCHT: Yes CFT: No KCCG: No

Information Category	Detailed Information
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	Clinical Imaging Governance Group Clinical Support Care Group Governance Meeting
General Manager confirming approval processes:	Richard Andrzejuk, Care Group General Manager Clinical Support
Name of Governance Lead confirming approval by specialty and care group management meetings:	Kevin Wright
Links to key external standards:	Ionising radiation (Medical Exposure) Regulations
Related Documents:	• RCHT Positive Patient Identification Policy and Procedures • RCHT Policy for Consent to Examination or Treatment • RCHT Policy to Manage Information and Records • RCHT Ionising Radiation Safety Policy
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Clinical/Clinical Imaging

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by (Name and Job Title)
March 2010	1.0	Document created	Dr S. Mohammed
January 2013	2.0	Document reviewed	Dr S. Mohammed
May 2016	3.0	Document reviewed, minor changes made.	Dr G. Moritz, Dr. S. Mohammed
April 2019	4.0	Document reviewed and template updated	Dr S. Mohammed
April 2022	5.0	Mandatory 3 year review. Trust template updated. Minor text amends made.	Dr J. Looker

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment [EIA] Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/ service function to be assessed:	Extravasation of Radiographic Contrast Agents Clinical Guideline V5.0
Directorate and service area:	Clinical Imaging
Is this a new or existing Policy	Existing
Name of individual completing EIA (should be completed by an individual with a good understanding of the service/policy):	Glenda Shaw, Imaging QSI Lead
Contact details:	01872 255086

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Provide a Clinical Guideline for the management of contrast medium extravasation the Royal Cornwall Hospital Trust Clinical Imaging department.
2. Policy Objectives	Clear guideline for staff to follow incorporating aftercare information and incident reporting

Information Category	Detailed Information
3. Policy Intended Outcomes	Avoid confusion on the management for these patients and smooth the patient pathway
4. How will you measure each outcome	Internal Audit
5. Who is intended to benefit from the policy	Patients and staff
6a. Who did you consult with (Please select *Yes* or *No* for each category)	• Workforce: No • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/groups: none as N/A
6c. What was the outcome of the consultation	None as N/A
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: none

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:
Glenda Shaw, Imaging QSI Lead
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If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis