MVH - PROCEDURE

ORIGINAL DATE: 05/18 REVISED:

SUBJECT: MEDICATION ROUTE: INJECTIONS

PURPOSE: To outline care objectives and procedures for the clinical management of medication administered via Injections.

PROCEDURE:

1. MVH has adopted the VNAA recommended Hospice and Palliative Care approach as outlined in Section: 12.10. (See attached)

Nature of Change	N/A - New	
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- 11. Place needle appropriate for injection on syringe.
- Dispose ampule and filter needle in sharps container.

Preparing medication from a vial

- 1. Remove metal cap and firmly wipe rubber seal with alcohol swab, allow to dry.
- Prepare needle and syringe. Remove needle cap. Pull back on plunger to draw amount of air into syringe equivalent to volume of medication to be aspirated from vial.
- 3. Insert needle through center of rubber seal.
- 4. Inject air into vial's air space.
- 5. Invertivial, keeping hold on syringe and plunger.
- Keep tip of needle in fluid and withdraw medication. Air pressure from vial will help fill syringe with medication.
- When desired volume obtained, position needle into vial's airspace. Tap side of syringe gently to dislodge any air bubbles. Eject any air remaining at top of syringe into vial.
- Hold syringe at eye level, 90° angle, with vial inverted, to ensure correct volume and absence of air bubbles.
- 9. Remove needle from vial and recap.

Preparing medication from vial containing a powder

- Remove caps covering vial with powdered medication and proper diluents. Swab both rubber seals with alcohol swab, allow to dry.
- 2. Draw up manufacturers suggested volume of diluent into syringe.
- Insert tip of needle through center of vial with powered medication. Inject diluent into vial.
- Remove needle from vial and discard needle/syringe in sharps container.
- Mix medication thoroughly. Roll in palms. Do not shake. Medication usually becomes clear when completely dissolved.
- Medication ready to be drawn into new needle/syringe.
- Read label carefully to determine mLs for dose after reconstitution.
- 8. Draw up reconstituted medication.

Intradermal injection procedure

- Follow Basic Injection Procedure through to step 8.
- Hold syringe between thumb and forefinger of dominant hand with bevel of needle pointing up.
- With non-dominant hand, stretch skin over site with forefinger or thumb.

- 4. With needle almost against patient's skin, insert slowly at 5° - 15° angle until resistance is felt. Advance needle through epidermis approximately 3 mm (1/8 inch) below skin surface. Needle tip can be seen through skin.
- Inject medication slowly. Small bleb (about 6 mm [1/4 inch]) resembling a mosquito bite will appear on skin surface while injecting.
- 6. Withdraw needle. Apply gauze gently over site without pressure, which can displace medication.
- Immediately discard needle/syringe in sharps container.
- Remove gloves. Perform hand hygiene.

Intramuscular injection procedure

- Follow Basic Injection Procedure through to step 8.
- Hold syringe between thumb and forefinger of dominant hand; hold as dart, palm down.
- 3. Pull skin just below site laterally 2.5 to 3.5 cm. Hold skin laterally until drug injected.
- Inject needle quickly.
- If medication's directions indicate, aspirate by pulling back on plunger 5 - 10 seconds. If blood, withdraw needle, discard in sharps container. Prepare new injection.
- 6. Inject drug slowly; rate 1 mL/10 seconds.
- Wait 10 seconds, if possible, before withdrawing needle.
- 8. Withdraw needle and release skin.
- Apply gauze over site with gentle pressure. Do not massage site.
- 10. Apply bandaid if needed.
- Immediately discard needle/syringe in sharps container.
- 12. Remove gloves. Perform hand hygiene.

Subcutaneous injection procedure

- 1. Follow Basic Injection Procedure through to step 8.
- 2. Grasp skin fold at site with thumb and forefinger.
- 3. Hold syringe between thumb and forefinger with dominant hand. Hold as dart, palm down.
- 4. Inject needle quickly and firmly at 45° 90° angle into pinched fold. Release the pinch unless using injection pen or giving heparin.
- 5. Slowly inject medication over 30 seconds to allow medication to disperse. Avoid moving syringe.
- Withdraw needle quickly while placing alcohol gauze over site gently.
- 7. Apply gentle pressure. Do not massage.
- Immediately dispose needle/syringe in sharps container.
- Remove gloves. Perform hand hygiene.

AFTER CARE

- Communicate with primary care provider if any injection complications or if medication not achieving desired effect.
- 2. Instruct patient/caregiver to:
 - Observe site for complications to report to nurse.
 - Review fall precautions for frail elderly patients for whom ventrogluteal or vastus lateralis sites used.
 - Give injections, if indicated, by following steps and by evaluating learning with return demonstration.
- 3. Document in patient's medical record:
 - Medication name, dose, time, route, and site given
 - Response to medication, including adverse effects and effectiveness of medication at achieving desired effect
 - Instructions given to patient/caregiver comprehension
 - d. Communication with primary care provider based on patient condition

REFERENCES

- Crawford, C., & Johnson, J. (2009). To aspirate or not to aspirate: An integrative review of the evidence.

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- The Joint Commission. (2014). Preventing infection from the misuse of vials. Sentinel Event Alert, 52. Retrieved from http://www.jointcommission.org/assets/1/6/SEA_52.pdf

CLINICIAN EDUCATION RESOURES

CDC. (2014).

- Managing patient safety, one injection at a time. https://www.youtube.com/watch?v=iLgwA53Bt40
- Check your steps: Make every injection safe. https://www.youtube.com/watch?v=uiboFZZVcLl