






INJECTIONS













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1. Introduction






Injection is the administration of drugs directly into body tissue using a syringe and hollow needle. The methods of administration are described below:

-  *Intradermal fluid is administered under the skin which raises a wheal, e.g. Mantoux tests. A maximum of 0.5 ml can be given by this route*
-  *Subcutaneous fluid is administered into the connective tissue layer beneath the skin, e.g. insulin. A maximum of 2 ml can be given by this route*
-  *Intramuscular fluid is administered into the muscle layer. A maximum of 5 ml can be given via this route*
-  *z track fluid is administered into the muscle layer after the skin is retracted from the entry site prior to the insertion of the needle and released following removal of the needle, e.g. iron, to prevent staining of the skin*

2. Procedure

- a) For a routine injection:
 -  determine the reason for the injection and seek the Individual's consent
 -  gain Individual's co-operation and reduce anxiety, respect their dignity and privacy
- b) From the prescription sheet determine:
 -  the drug
 -  the dose
 -  the route
 -  the specified times of administration
 -  date
- c) Assemble the correct equipment and determine the appropriate site.
- d) Prepare the syringe and needle, leaving needle cover in place for as long as possible. This maintains asepsis and safety.
- e) Draw up solution.
- f) Determine whether or not to change the needle. The needle should be changed in the following circumstances:
 -  when using a bottle with a rubber seal needle may be blunted or contaminated by particles of rubber
 -  when using viscous fluid the needle becomes coated with the solution
 -  when using a preparation which may stain the skin the needle becomes coated with the solution
 -  if the needle is blunted by hitting the side or bottom of the ampoule, to prevent unnecessary pain to the Individual
 -  if the needle is contaminated to prevent introduction of infection
- a) Take the prescription sheet, swab and loaded syringe in a receiver to the Individual.
- b) Check identity of Individual against the prescription sheet using a second nurse if required to do so.
- c) Explain the procedure and position Individual appropriately, ensuring privacy. Ensure site for injection is clean and dry.
- d) Insert needle. Swabbing with an alcohol based swab is not normally required prior to subcutaneous, intra-muscular or intradermal injections. Research has demonstrated that this

- fulfils no aseptic purpose where the skin is physically clean. Prior to intravenous injections, swabbing is still recommended but must be allowed to dry (i.e. a minimum of 90 seconds).
- e) Withdraw plunger to confirm that needle has not penetrated a blood vessel. If blood present, withdraw, change needle and insert again.
 - f) Administer solution and withdraw needle.
 - g) Reposition Individual to ensure comfort. Replace disturbed clothing.
 - h) Record administration of drug on appropriate documents.
 - i) Discard needles and syringe into designated rigid container (sharps box). It is essential that needles remain unsheathed and connected to syringe prior to immediate disposal into rigid container.
 - j) Potential problems encountered are as follows:

-  Hitting bone. Withdraw needle slightly prior to administration of fluid.
-  Administering solution that stains the skin, e.g. iron. Z tracking should reduce this considerably
-  Leakage of the fluid from injection site. Apply gently pressure with sterile dressing swab
-  Viscous substances for administration, e.g. ACTH. Give slowly to prevent build-up of pressure.
-  When injections are being transported from the clinical room (already prepared) the needle should always be changed. Otherwise there is an issue either of transporting unsheathed needles or re-sheathing used needles.

Further guidance

*NICE guidelines [SC1] Managing Medicines in a Care Home Published date: March 2014
This procedure will be reviewed by a registered nurse*