Procedure for the administration of intramuscular injection

Essential equipment

- 70% alcohol 2% chlorhexadine swabs
- Safety Needle
- Syringe containing prepared IM medication

Preprocedure

Action	Rationale
1 Explain and discuss the procedure with the patient.	To ensure that the patient understands the procedure and gives their valid consent (Griffith and Jordan 2003, E; NMC 2008b, C; NMC 2008c, C).
2 Consult the patient's prescription sheet and ascertain the following: **(a)** Drug **(b)** Dose **(c)** Date and time of administration **(d)** Route and method of administration **(e)** Diluent as appropriate **(f)** Validity of prescription **(g)** Signature of doctor.	To ensure that the patient is given the correct drug in the prescribed dose using the appropriate diluent and by the correct route (NMC 2008a, C; NPSA 2007d, C).

Procedure

3 Close the curtains or door and assist the patient into the required position.	To ensure patient privacy and dignity. E To allow access to the injection site and to ensure the designated muscle group is flexed and therefore relaxed (Workman 1999, E).
4 Remove the appropriate garment to expose the injection site.	To gain access for injection (Workman 1999, E).
5 Assess the injection site for signs of inflammation, oedema, infection	To promote effectiveness of administration (Workman 1999, E). To

and skin lesions.	reduce the risk of infection (Fraise and Bradley 2009, E; Workman 1999, E). To avoid skin lesions and avoid possible trauma to the patient (Perry 2007, E; Workman 1999, E).
6 Clean the injection site with 70% alcohol 2% chlorhexadine swab for 30 seconds and allow to dry for 30 seconds (Workman 1999). Wash hands with bactericidal soap and water.	To reduce the number of pathogens introduced into the skin by the needle at the time of insertion and to prevent stinging sensation if alcohol is taken into the tissues upon needle entry (Hunter 2008, E; Workman 1999, E). (For further information on this action see Skin preparation.)
7 With the non-dominant hand, stretch the skin slightly around the injection site.	To displace the underlying subcutaneous tissues, facilitate the insertion of the needle and reduce the sensitivity of nerve endings (Hunter 2008, E; Workman 1999, E).
8 Holding the syringe in the dominant hand like a dart, inform the patient and quickly plunge the needle at an angle of 90° into the skin until about 1 cm of the needle is left showing.	To ensure that the needle penetrates the muscle (Hunter 2008, E; Workman 1999, E).
9 Pull back the plunger. If no blood is aspirated, depress the plunger at approximately 1 mL every 10 seconds and inject the drug slowly. If blood appears, withdraw the needle completely, replace it and begin again. Explain to the patient what has occurred.	To confirm that the needle is in the correct position and not in a vein (Workman 1999, E). This allows time for the muscle fibres to expand and absorb the solution (Hunter 2008, E; Workman 1999, E). To prevent pain and ensure even distribution of the drug (Perry 2007, E).
10 Wait 10 seconds before withdrawing the needle.	To allow the medication to diffuse into the tissue (Perry 2007, E; Workman 1999, E).
11 Withdraw the needle rapidly. Apply gentle pressure to any bleeding point and then apply a small plaster over the puncture site.	To prevent tissue injury and haematoma formation (Perry 2007, E).

Postprocedure

12 Ensure that all sharps and non-sharp waste are disposed of safely and in accordance with locally approved procedures, for example put sharps into sharps bin and syringes into orange clinical waste bag.	To ensure safe disposal and to avoid laceration or other injury to staff (DH 2005, C; MHRA 2004, C).

13 Record the administration on appropriate charts.	To maintain accurate records, provide a point of reference in the event of any queries and prevent any duplication of treatment (NMC 2008a, C; NMC 2009, C; NPSA 2007d, C).

http://www.rmmonline.co.uk/home.html; accessed 8/10/13