

Intramuscular and Intradermal Injection Performance Checklist

This checklist is intended as a review tool for nurses performing injections. It is not intended to be equivalent to a formal education program in injections.

Directions: S or U indicates a Satisfactory or Unsatisfactory performance.

PROCEDURAL STEPS	S.	U.	COMMENTS
For all injections:			
1. Review physician's medication order for client's name, drug name, dose, time and route of administration.			
2. Assess client's history of allergies and know substances client is allergic to and normal allergic reactions.			
3. Check date of expiration for medication vial or ampoule.			
4. Assess for contraindications:			
A. For <u>intramuscular injections</u> : Assess for factors that may contraindicate IM injection.			
B. For <u>intradermal injections</u> : Assess for factors that may contraindicate ID injections.			
5. Prepare correct medication dose from ampoule or vial. Check carefully. Be sure all air is expelled.			
6. Identify client by checking identification armband and asking client's name.			
7. Explain steps of procedure to client.			

PROCEDURAL STEPS	S.	U.	COMMENTS
8. Observe client's verbal and nonverbal response towards receiving injections.			
9. Wash hands thoroughly. Apply gloves if indicated.			
10. Ensure privacy of client.			
11. Select appropriate injection site. Inspect skin surface over sites for bruises, inflammation or edema.			
IM: Note integrity and size of muscle and palpate tenderness or hardness. Avoid these areas. If injections are given frequently, rotate site.			
A. ID: Note lesions or discolorations of forearm.			
12. Assist client to comfortable position:			
A. IM: Have client lie flat, on side or prone, depending on site chosen.			
i. -Vastus Lateralis			
ii. -Ventrogluteal			
iii. -Deltoid			
B. ID: Have client extend elbow and support it and forearm on flat surface. Select site three to four finger widths below antecubital space and a hand width above wrist.			
13. Cleanse site with an antiseptic swab. Apply swab at centre of the site and rotate outward in a circular direction for about 5 cm.			
14. Hold swab or gauze between third and fourth fingers of non-dominant hand.			
15. Remove needle cap or sheath from needle by pulling it straight off.			

PROCEDURAL STEPS	S.	U.	COMMENTS
<p>16. Hold syringe between thumb and forefinger of dominant hand.</p>			
<p>A. IM: Hold as dart, palm down.</p>			
<p>B. ID: Hold bevel of needle pointing up.</p>			
<p>17. Administer IM injection.</p> <p>A. (1) Position non-dominant hand at proper anatomical landmarks and pull skin down to administer in a Z-track. Inject needle quickly at 90-degree angle into muscle.</p> <p>(2) If client's muscle mass is small, grasp body of muscle between thumb and fingers.</p> <p>(3) After needle enters site, grasp lower end of syringe barrel with non-dominant hand. Move dominant hand to end of plunger. Avoid moving syringe while slowly pulling back on plunger to aspirate drug. If blood appears in syringe, remove needle, discard medication and syringe, and repeat procedure.</p> <p>(4) Inject medication slowly.</p> <p>(5) Wait 10 seconds. Then, smoothly and steadily withdraw needle while placing antiseptic swab or dry gauze above or over injection.</p>			
<p>18. Administer ID injection</p> <p>B. (1) With non-dominant hand, stretch skin over site with forefinger or thumb.</p> <p>(2) With needle almost against client's skin, insert it slowly at a 5 to 15-degree angle until resistance is felt. Then advance needle through epidermis to approximately 3mm (1/8 inch) below skin surface. Needle tip can be seen through skin.</p>			

PROCEDURAL STEPS	S.	U.	COMMENTS
(3) Inject medication slowly. Normally resistance is felt. If not, needle is too deep; remove and begin again. (4) While injecting medication, notice that small bleb approximately 6 mm resembling mosquito bite appears on skin's surface.			
19. Withdraw needle while applying alcohol swab or gauze gently over site. Support of tissue around injection site minimizes discomfort during needle withdrawal.			
20. Do not massage site after IM or ID injection.			
21. Assist client to comfortable position.			
22. Discard uncapped needle or needle enclosed into appropriate sharps container.			
23. Remove disposable gloves and wash hands.			
24. Observe for any allergic or adverse reactions and report appropriately.			
25. Inspect site, noting any bruising or induration (hardness).			
26. Evaluate client's response to medication.			
27. For ID injections: Use skin pencil and draw circle around perimeter of injection site. Read site within 48 to 72 hours of injection.			
28. Correctly record medication administration.			
29. Record client's response to medications in nurse's notes.			

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