

# Introduction to Intramuscular Injections (Focus on Empathy) Instructor Resource

**READ** the following:

Belonephobia (fear of injections) is a disorder that affects 3.5% to 10% of the population. The median age of onset is 5.5 years. Adults may have panic or anxiety attacks. Children may have similar symptoms in addition to crying, tantrums, agitation and clinging to a parent.

Many persons with belonephobia may also react to injections with a vasovagal reflex response. This response may include paleness, sweating, nausea, shortness of breath, loss of bladder and bowel control and various levels of unresponsiveness (light-headedness or fainting). The onset of the vasovagal response may be 2 to 3 seconds following the needle-stick or up to several hours later.

**REFLECT** on the situation

How would you know if your patient has a fear of needles?

*First ask your patient prior to the procedure. During the procedure make sure you are looking for symptoms of anxiety or vasovagal response.*

What could you do if your patient admits to a fear of needles?

*Check to see if the medication could be given via a different route. If it cannot, then make sure you discuss the procedure in detail to alleviate fear of the unknown and have patient ask questions. Encourage the patient to participate in the decision making and ask about ways to relieve anxiety. They may want a particular person (parent, friend) or distraction during the procedure. Gradually expose the patient to unopened supplies and observe their response. Numbing medication may be used if the fear is of pain.*

**SHARE** your thoughts with a peer

# Introduction to Intramuscular Injections Check-Off

## (Sample Medication Administration Record)

|               |               |           |         |
|---------------|---------------|-----------|---------|
| Patient       | Grant, Hannah | MRN       | 1524833 |
| Date of Birth | 02/28/XXXX    | Provider  | Frey    |
| Age           | 22 years      | Allergies | NKDA    |

| Initials  | Signature/Title        | Initials | Signature/Title |
|-----------|------------------------|----------|-----------------|
| <i>JW</i> | <i>Janice Wells SN</i> |          |                 |
|           |                        |          |                 |
|           |                        |          |                 |

| Medication                                       | Time     | Mon                           | Tue | Wed | Thurs | Fri | Sat | Sun |
|--|----------|-------------------------------|-----|-----|-------|-----|-----|-----|
| Ketorolac (Toradol) 30mg IM                      | Initials | <i>JW</i>                     |     |     |       |     |     |     |
|  | Site     | <i>Right vastus lateralis</i> |     |     |       |     |     |     |
| Ketorolac (Toradol) 15-30mg IM every 6 hours PRN | Initials |                               |     |     |       |     |     |     |
|  | Site     |                               |     |     |       |     |     |     |
|  |          |                               |     |     |       |     |     |     |

# Introduction to Intramuscular Injections

**PART ONE:** Practice intramuscular injections on the model using the following steps:

|     |  |
|-----|--|
| 1.  | Verify MAR with written order from provider  |
| 2.  | Review medication reference information (proper dosage, side effects, contraindications, etc.)                     |
| 3.  | Gather supplies needed for preparing and administering medication  |
| 4.  | Wash your hands with sanitizer or soap/water   |
| 5.  | Compare MAR with medication; complete the Rights of Administration   |
| 6.  | Draw up the correct dose; complete the Rights of Administration  |
| 7.  | Wash your hands with sanitizer or soap/water   |
| 8.  | Gather supplies. Lock medication cart and ensure no patient information is visible per HIPAA                       |
| 9.  | Knock, enter room and provide for privacy  |
| 10. | Identify yourself with name and title (student nurse, medical assistant, etc.)                                     |
| 11. | Wash your hands with sanitizer or soap/water   |
| 12. | Identify patient by asking name and date of birth and verify this information with the MAR                         |
| 13. | Explain the procedure to the patient, ask if they have any questions and verify allergies with MAR                 |
| 14. | If not completed at the cart, complete the Rights of Administration  |
| 15. | Apply clean gloves   |
| 16. | Assist patient to comfortable position and select appropriate site   |
| 17. | Clean site with alcohol swab   |
| 18. | Remove needle cap and hold syringe securely (pull skin to the side if performing Z-track)                          |
| 19. | Inset needle in a dart like motion at 90-degree angle and aspirate for blood (depending on site)                   |
| 20. | Administer injection into the model and withdraw needle (let skin return if performing Z-track)                    |
| 21. | Apply alcohol swab or gauze firmly over site for several seconds   |
| 22. | Ask your patient if they are comfortable and if they have any questions and observe for signs of allergic reaction |
| 23. | Remove gloves and wash your hands with sanitizer or soap/water   |
| 24. | Document medication administration on the MAR  |