

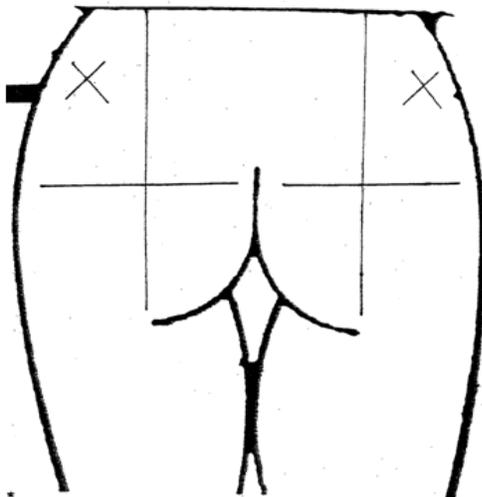


IM Injection Instructions – Dorsogluteal Site

	STEPS	RATIONALE
1.	Assemble equipment: Medication, 3ml syringe with 18 gauge 1 ½“ needle attached, 22 gauge 1 ½” needle, alcohol swab and tissue.	
2.	Wash hands.	Good hand washing prevents infection.
3.	Examine labels on containers for: Name, strength, expiry date.	Solutions should not be used after the expiry date.
4.	Examine the solution for injection, ensuring there are no crystals and visible particles	Solutions are often temperature sensitive and can develop crystals if stored improperly.
5.	Confirm dosage.	Dosage and strength should be taken as specified by the nurse.
6.	Prepare medication using the 3ml syringe with the 18 gauge 1 ½”needle. For Vials: -Open the vial -Wipe the rubber top with an alcohol swab -Inject an equal amount of air into the vial as the amount to be withdrawn -Turn the vial upside down. -Withdraw the correct amount of medication. -Remove the syringe from the vial. -Change the 18 gauge needle to the 22 gauge needle. -Remove air bubbles from the syringe.	Alcohol swab helps prevent infection. Correct needle size for intramuscular injections. The sharper the needle is, the less painful the injection will be. Ensures correct dose and prevents air from entering the body.
7.	Position the individual to relax the muscle, bend knee slightly on the side planned for the injection	Helps needle go in easily. Pain is reduced if the muscle is relaxed.
8.	Identify the injection site by dividing one side of the buttock into four equal squares. The horizontal line dividing the upper and lower squares should extend straight across from the top of the gluteal fold (crease). See Diagram 1.	Injecting into the correct site prevents injury to nerves, bones and blood vessels.
9.	You may apply Emla cream 30min prior to the injection or as an alternative you can apply ice onto the site to numb the area just prior to cleaning it.	Emla is a topical analgesic cream that can be used to reduce localized pain during injections. Ask your pharmacist for more information.
9.	Cleanse the injection site with an alcohol swab, in a circular motion. Allow to dry.	Helps prevent infection. Alcohol can be irritating.

	STEPS	RATIONALE
10.	<p>Administering the injection:</p> <ul style="list-style-type: none"> - Hold the syringe between the thumb and forefinger of the dominant hand (like a dart). - Insert entire needle quickly at a 90 degree angle, maintaining steady pressure. - Draw back gently on the plunger to check for blood return. <p>If blood seen in syringe:</p> <ul style="list-style-type: none"> - Do not inject medication. - Withdraw the needle. - Apply gentle pressure until bleeding has stopped completely. - Return to step 1. Discard syringe with blood. <p>If no blood seen in syringe:</p> <ul style="list-style-type: none"> - Inject medication. - Withdraw the needle. - Apply gentle pressure until bleeding has stopped completely. 	<p>Inserting needle quickly reduces discomfort.</p> <p>You do not want to inject into a blood vessel.</p> <p>Applied pressure after the injection can alleviate some discomfort.</p>
11.	Encourage leg exercise, ice packs and hot showers.	Helps reduce discomfort.
12.	Check the injection site for redness, swelling or warmth. Report any of the above symptoms to the nurse.	This may indicate a medication sensitivity.
13.	Apply warm compresses, as needed.	Helps reduce discomfort.

Diagram 1



OFC recommends the **Dorsogluteal site (buttocks)** for IM injections because it is the easiest to landmark and the most tolerable (less pain) site for these types of injections.

Ventrogluteal sites (hip) can be equally as tolerable, however they are much more difficult to landmark and not recommended for anyone other than a medical professional.

Vastus Lateralis (thigh) sites are easy to landmark, however patients have found this site to be one of the most painful for injections (especially Progesterone in oil). We do not recommend this site for progesterone in oil. Some patients who do not have someone to perform these injections may attempt to self-inject into this site. Below you will find instructions to landmark for this site.

IM Injection Instructions – Vastus Lateralis

	STEPS	RATIONALE
1.	Assemble equipment: Medication, 3ml syringe with 18 gauge 1 ½“ needle attached, 22 gauge 1” needle, alcohol swab and tissue.	1” needle as it is a smaller muscle than the dorsogluteal muscle described above.
2.	Wash hands.	Good hand washing prevents infection.
3.	Examine labels on containers for: Name, strength, expiry date.	Solutions should not be used after the expiry date.
4.	Examine the solution for injection, ensuring there are no crystals and visible particles	Solutions are often temperature sensitive and can develop crystals if stored improperly.
5.	Confirm dosage.	Dosage and strength should be taken as specified by the nurse.
6.	Prepare medication using the 3ml syringe with the 18 gauge 1½”needle. For Vials: -Open the vial -Wipe the rubber top with an alcohol swab -Inject an equal amount of air into the vial as the amount to be withdrawn -Turn the vial upside down. -Withdraw the correct amount of medication. -Remove the syringe from the vial. -Change the 18 gauge needle to the 22 gauge needle. -Remove air bubbles from the syringe.	Alcohol swab helps prevent infection. Correct needle size for intramuscular injections. The sharper the needle is, the less painful the injection will be. Ensures correct dose and prevents air from entering the body.
7.	Sit upright in a chair. Relax the thigh muscle.	Helps needle go in easily. Pain is reduced if the muscle is relaxed.
8.	Identify the injection site by dividing the upper thigh into three equal parts. Locate the middle of these three sections. The injection should go into the outer top portion of this section. See Diagram 2.	Injecting into the correct site prevents injury to nerves, bones and blood vessels.
9.	You may apply Emla cream 30min prior to the injection or as an alternative you can apply ice onto the site to numb the area just prior to cleaning it.	Emla is a topical analgesic cream that can be used to reduce localized pain during injections. Ask your pharmacist for more information.
9.	Cleanse the injection site with an alcohol swab, in a circular motion. Allow to dry.	Helps prevent infection. Alcohol can be irritating.

	STEPS	RATIONALE
10.	<p>Administering the injection:</p> <ul style="list-style-type: none"> - Hold the syringe between the thumb and forefinger of the dominant hand (like a dart). - Insert entire needle quickly at a 90 degree angle, maintaining steady pressure. - Draw back gently on the plunger to check for blood return. <p>If blood seen in syringe:</p> <ul style="list-style-type: none"> - Do not inject medication. - Withdraw the needle. - Apply gentle pressure until bleeding has stopped completely. - Return to step 1. Discard syringe with blood. <p>If no blood seen in syringe:</p> <ul style="list-style-type: none"> - Inject medication. - Withdraw the needle. - Apply gentle pressure until bleeding has stopped completely. 	<p>Inserting needle quickly reduces discomfort.</p> <p>You do not want to inject into a blood vessel.</p> <p>Applied pressure after the injection can alleviate some discomfort.</p>
11.	Encourage leg exercise, ice packs and hot showers.	Helps reduce discomfort.
12.	Check the injection site for redness, swelling or warmth. Report any of the above symptoms to the nurse.	This may indicate a medication sensitivity.
13.	Apply warm compresses, as needed.	Helps reduce discomfort.

Diagram 2

