

<b>Procedure</b>	<b>Medication Administration – Intramuscular (I/M)</b>
<p><b>Purpose:</b></p> <ol style="list-style-type: none"> <li>1. To safely deposit medications into deep muscle tissue.</li> <li>2. To ensure proper drug absorption after injection.</li> </ol>	
<b>Action</b>	<b>Rationale</b>
<p><b>Assessment</b></p> <ol style="list-style-type: none"> <li>1. Review physician’s order for client’s name, drug name, dosage, time and route of administration.</li> <li>2. Gather information on the medication, such as side effects, contraindication etc.</li> <li>3. Consider factors that may contraindicate I/M injection, e.g., muscle atrophy, circulatory shock.</li> <li>4. Assess client’s medical history and any allergies.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensures safe and correct administration of medication.</li> <li>2. To anticipate drug’s effects and observe client’s response.</li> <li>3. Atrophied muscle absorbs medication poorly. Factors interfering with blood flow to muscles impairs drug absorption.</li> <li>4. May influence how certain drugs acts.</li> </ol>
<p><b>Planning</b></p> <p>Prepare Equipment</p> <ul style="list-style-type: none"> <li>• Medication ampule or vial</li> <li>• Injection syringe (depends on the volume of dose to be given)</li> <li>• Injection needle (G23)</li> <li>• Alcohol swabs</li> <li>• Disposable glove</li> <li>• Client’s prescription chart</li> </ul>	<p>The procedure can be done appropriately and without interruption.</p>
<p><b>Implementation</b></p> <p><i>NB: Preparation of injection should be done in the treatment room before going to client’s bed.</i></p>	

<ol style="list-style-type: none"> <li>1. Identify the client. Explain the procedure to client.</li> <li>2. Draw curtain.</li> <li>3. Wash hands/hand hygiene. Don gloves.</li> <li>4. Select injection sites. <ul style="list-style-type: none"> <li>• Inspect skin for bruises, inflammation, oedema, masses, tenderness and sites of previous injections.</li> <li>• Use anatomic landmarks.</li> </ul> </li> <li>5. Assist client into a comfortable position; <ul style="list-style-type: none"> <li>• For vastus lateralis, lying flat or supine with knee slightly flexed.</li> <li>• For ventrogluteal, lying prone with feet turned inward or on side with upper knee and hip flexed and place in front of lower leg.</li> <li>• For deltoid, standing with arm relaxed on lap or lying flat with lower arm relaxed across the abdomen.</li> <li>• Distract client by talking about an interesting subject.</li> </ul> </li> <li>6. Use antiseptic swab to clean skin at site.</li> <li>7. While holding swab between fingers of nondominant hand, pull cap from needle.</li> </ol>	<ol style="list-style-type: none"> <li>1. Make sure it is the correct client. To relieve anxiety and gain cooperation.</li> <li>2. To provide privacy</li> <li>3. Reduces the contamination of microorganisms.</li> <li>4. Injection site should be free of lesions. <ul style="list-style-type: none"> <li>• Repeated daily injections should be rotated.</li> <li>• Avoids injury to underlying nerves, bones and blood vessels. Site should be selected based on muscle development, type and amount of medication and comfortable access to site.</li> </ul> </li> <li>5. Relaxation minimizes discomfort. Distraction reduces anxiety.</li> <li>6. Circular motion and mechanical action of swab remove secretions containing microorganisms..</li> <li>7. Swab remains accessible during procedure. Prevents contamination of needle.</li> </ol>
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<p>8. Administer injection:</p> <ul style="list-style-type: none"> <li>• Hold syringe between thumb and forefinger of dominant hand like a dart.</li> <li>• Spread skin tightly or pinch a generous section of tissues firmly – for cachectic clients.</li> <li>• Inject needle quickly and firmly (like a dart) at 90 degree angle.</li> <li>• Release the skin.</li> <li>• Grasp the lower end of the syringe with nondominant hand and position dominant hand to the end of the plunger. Do not remove the syringe.</li> <li>• Pull back on the plunger and aspirate to ascertain that the needle is not in a vein. If no blood appears, slowly inject the medication.</li> </ul> <p>9. Removed nondominant hand and quickly withdrew the needle. Apply pressure with the antiseptic swab.</p> <p>10. Apply pressure. Certain protocols suggest gentle massage action.</p> <p>11. Assist the client to a comfortable position.</p> <p>12. Discard the uncapped needle and syringe in a specified biohazard sharps container.</p> <p>13. Remove gloves, and wash hands/hand hygiene.</p> <p>14. Document and sign in prescription chart.</p>	<p>8.</p> <ul style="list-style-type: none"> <li>• Quick, smooth injection is easier with proper position of syringe.</li> <li>• Needle penetrates tight skin more easily than loose skin.</li> <li>• Quick, firm injection minimizes discomfort.</li> <li>• Injection requires smooth manipulation of syringe parts. Movement of syringe may cause discomfort.</li> <li>• Aspiration of blood indicates intravenous placement of needle so procedure may have to be abandoned.</li> </ul> <p>9. Supporting tissue around injection site minimizes discomfort. Removing hand prior to withdrawing needle prevents needlestick injury.</p> <p>10. Pressure prevents medication from leaking out of site. Gentle massage stimulates circulation and improves drug distribution and absorption.</p> <p>11. Promotes comfort.</p> <p>12. Decreases risk of needlestick.</p> <p>13. Reduces transmission of microorganisms.</p> <p>14. Proper documentation.</p>
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**Nursing Consideration:**

- When irritating preparations such as iron or Vistaril are given I/M, the **Z-track method** of injection minimizes tissue irritation by sealing the drug within muscle tissues. They should be given preferably in larger, deeper muscle such as the ventrogluteal. Please see diagram below.

