

drawn through a needle with a filter.

Most children are unpredictable, and few are totally cooperative when receiving an injection. Even children who appear to be relaxed and constrained can lose control under the stress of the procedure. It is advisable to have someone available to help hold the child if needed. Because children often jerk or pull away unexpectedly, the nurse should carry an extra needle to exchange for the contaminated one so that the delay is minimal. The child, even a small one, is told that he or she is receiving an injection (preferably using a phrase such as “putting the medicine under the skin”), and then the procedure is carried out as quickly and skillfully as possible to avoid prolonging the stressful experience. Invasive procedures such as injections are especially anxiety provoking in young children, who may associate any assault to the “behind” with punishment. Because injections are painful, the nurse should use excellent injection techniques and effective pain reduction measures to reduce discomfort (see [Nursing Care Guidelines](#) box).

Nursing Care Guidelines

Intramuscular Administration of Medication

Apply EMLA (a eutectic mix of lidocaine and prilocaine) or LMX cream (lidocaine) topically over site if time permits. (See Pain Management, [Chapter 5](#).)

Prepare medication.

- Select appropriately sized needle and syringe.
- If withdrawing medication from an ampule, use a needle equipped with a filter that removes glass particles; then use a new, nonfilter needle for injection.
- Maximum volume to be administered in a single