

medication.

Grasp muscle firmly between thumb and fingers to isolate and stabilize muscle for deposition of drug in its deepest part; in obese children, spread skin with thumb and index finger to displace subcutaneous tissue and grasp muscle deeply on each side.

Allow skin preparation to dry completely before penetrating skin.

Decrease perception of pain.

- Distract child with conversation.
- Give child something on which to concentrate (e.g., squeezing a hand or side rail, pinching own nose, humming, counting, yelling “Ouch!”).
- Spray vapo-coolant (e.g., ethyl chloride or fluoromethane) on site before injection, place a cold compress or wrapped ice cube on site about 1 minute before injection, or apply cold to contralateral site.
- Have child hold a small adhesive bandage and place it on puncture site after IM injection is given.

Insert needle quickly using a dart-like motion at a 90-degree angle unless contraindicated.

Avoid tracking any medication through superficial tissues:

- Replace needle after withdrawing medication.
- Use the Z-track or air-bubble technique as indicated.