

- Avoid any depression of the plunger during insertion of the needle.

Remove needle quickly; hold gauze firmly against skin near needle when removing it to avoid pulling on tissue.

Apply firm pressure to site after injection; massage site to hasten absorption unless contraindicated, as with irritating drugs.

Place a small adhesive bandage on puncture site; with young children, decorate it by drawing a smiling face or other symbol of acceptance.

Hold and cuddle young child and encourage parents to comfort child; praise older child.

Allow expression of feelings.

Discard syringe and uncapped, uncut needle in puncture-resistant container located near site of use.

Record time of injection, drug, dose, and injection site.

*EMLA*, Eutectic mixture of local anesthetics; *IM*, intramuscular; *LMX*, lidocaine.

Small infants offer little resistance to injections. Although they squirm and may be difficult to hold in position, they can usually be restrained without assistance. A larger infant's body can be securely restrained between the nurse's arm and body. To inject into the body of a muscle, the nurse firmly grasps the muscle mass between the thumb and fingers to isolate and stabilize the site ([Fig. 20-11](#)). However, in obese children, it is preferable to first spread the skin with the thumb and index finger to displace subcutaneous tissue and then grasp the muscle deeply on each side.